

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).  
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE  
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
(42 USC 1395g).

WORKSHEET 5  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-0186	I	FROM 1/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
					I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 5/28/2010 TIME 11:07

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: RIVERSIDE MEDICAL CENTER 14-0186 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2009 AND ENDING 12/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

ECR ENCRYPTION INFORMATION  
DATE: 5/28/2010 TIME 11:07

Q5hRzeOWbSH1C69oo1kiZppBwemZa0  
IuMpa0KpcazOmGiZesnxnDngDsXRXD  
0XQL10T84K05fsA:

PI ENCRYPTION INFORMATION  
DATE: 5/28/2010 TIME 11:07

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Bj4Z9Hua9z0wsy28

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1 HOSPITAL					
2 .01 SUBPROVIDER II	0	763,513	-369,132	0	
7 HOSPITAL-BASED HHA	0	23,784	0	0	
9 RHC	0	0	0	0	
100 TOTAL	0	787,297	-497	0	
			-369,629	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

FILE COPY

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 350 NORTH WALL STREET  
1.01 CITY: KANKAKEE

P.O. BOX:  
STATE: IL ZIP CODE: 60901- COUNTY: USA

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	RIVERSIDE MEDICAL CENTER	14-0186	1/ 1/1966	4	5	6
03.01	SUBPROVIDER 2	RIVERSIDE MEDICAL CENTER - RHB	14-1186	1/ 1/1984	N	P	O
09.00	HOSPITAL-BASED HHA	RIVERSIDE MEDICAL CENTER - HHA	14-7400	1/ 1/1984	N	P	O
14.00	HOSPITAL-BASED RHC	PEMBROKE RURAL HEALTH CLINIC	14-3976	1/ 1/1987	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2009 TO: 12/31/2009

18 TYPE OF CONTROL 1 2  
2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL  
20 SUBPROVIDER 1  
20.01 SUBPROVIDER II 5

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION. ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 28100
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRU) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?	N				
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	N				
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.					
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	N				
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N				
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	N				
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N				
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /					
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /					
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.					
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02					
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3	4
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		0	0.0000	0.0000	
			0.00	0		
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)					
28.03	STAFFING	%				Y/N
28.04	RECRUITMENT	0.00%				
28.05	RETENTION	0.00%				
28.06	TRAINING	0.00%				
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N				
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N				
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70					
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)					
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N				
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N				
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
MISCELLANEOUS COST REPORT INFORMATION						
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N				
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2					
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N				
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				



- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER?  
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%  
FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS  
ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE  
10/1/2002. Y
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST  
REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS  
THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.  
412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER  
1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD  
COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS  
OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). N 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO.  
IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2  
"Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW  
FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN  
THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y"  
FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN  
ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(c)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF  
COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST  
REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT  
ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). N 0

MULTICAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA?  
ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3,  
CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					

0.00

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS  
ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH"  
DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATAI  
I  
IPROVIDER NO:  
14-0186

IN LIEU OF FORM CMS-2552-96 (01/2010)

I PERIOD:

I FROM 1/ 1/2009  
I TO 12/31/2009I PREPARED 5/28/2010  
I WORKSHEET S-3  
I PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	----- I/P DAYS / O/P VISITS / TRIPS -----			
					TITLE V 3	TITLE XVIII 4	NOT LTCH N/A 4.01	TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	216	78,840					
2	HMO					21,878		12,686
2	01 HMO - (IRF PPS SUBPROVIDER)							975
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	216	78,840			21,878		12,686
6	INTENSIVE CARE UNIT	12	4,380			1,943		98
7	CORONARY CARE UNIT	15	5,475			2,239		565
11	NURSERY							1,538
12	TOTAL	243	88,695			26,060		14,887
13	RPCH VISITS							
14	SUBPROVIDER							
14	01 SUB II - REHAB	19	6,935			3,740		180
18	HOME HEALTH AGENCY					18,516		1,204
24	RHC					244		
25	TOTAL	262						
26	OBSERVATION BED DAYS							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS					2,352		
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

	COMPONENT	----- I/P DAYS /		O/P VISITS TOTAL ALL PATS 6	/ TRIPS -----		-- INTERNS & RES. FTES --	
		TITLE XIX OBSERVATION ADMITTED 5.01	BEDS NOT ADMITTED 5.02		TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			50,149				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			50,149				
6	INTENSIVE CARE UNIT			2,991				
7	CORONARY CARE UNIT			2,978				
11	NURSERY			2,751				
12	TOTAL			58,869				
13	RPCH VISITS							
14	SUBPROVIDER							
14	01 SUB II - REHAB			4,724				
18	HOME HEALTH AGENCY			23,570				
24	RHC			2,247				
25	TOTAL			647	49	598		
26	OBSERVATION BED DAYS							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

	COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		DISCHARGES	-----	
		NET 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12		TITLE XVIII 13	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS							
2	HMO					5,383	2,872	13,158
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
7	CORONARY CARE UNIT							
11	NURSERY							
12	TOTAL		1,434.10			5,383	2,872	13,158
13	RPCH VISITS							
14	SUBPROVIDER							
14	01 SUB II - REHAB					340	20	446
18	HOME HEALTH AGENCY							
24	RHC							
25	TOTAL		1,434.10					
26	OBSERVATION BED DAYS							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

## HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0186  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/28/2010  
 WORKSHEET S-3  
 PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES							
1	TOTAL SALARY	82,265,615	1,349,362	83,614,977	2,862,813.00	29.21	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B	1,065,455		1,065,455	10,598.00	100.53	
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF						
8.01	EXCLUDED AREA SALARIES	16,716,628	-154,118	16,562,510	424,011.00	39.06	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	1,230,402		1,230,402	14,551.00	84.56	SEE VAR SUPPORTING DOCUM
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	806,676		806,676	5,134.00	157.12	SEE SUPPORTING DOCUMENTS
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS						
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	18,310,649		18,310,649			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	3,972,933		3,972,933			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B	154,425		154,425			CMS 339
19.01	WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	563,905		563,905	18,195.00	30.99	
22	ADMINISTRATIVE & GENERAL	10,777,418	1,908,189	12,685,607	415,718.00	30.51	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS	1,249,845	17,811	1,267,656	48,285.00	26.25	
24	OPERATION OF PLANT	390,136	24,954	415,090	23,166.00	17.92	
25	LAUNDRY & LINEN SERVICE	390,917	-688	390,229	31,813.00	12.27	
26	HOUSEKEEPING	1,241,876	16,715	1,258,591	95,730.00	13.15	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	1,263,812	-814,066	449,746	37,417.00	12.02	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA		812,294	812,294	67,315.00	12.07	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	1,879,196	-1,074,434	804,762	19,467.00	41.34	
31	CENTRAL SERVICE AND SUPPLY	252,698	5,505	258,203	17,437.00	14.81	
32	PHARMACY	1,960,687	-1,960,687				
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,063,787	20,801	1,084,588	56,331.00	19.25	
34	SOCIAL SERVICE	928,414	-755,338	173,076	6,092.00	28.41	
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	81,200,160	1,349,362	82,549,522	2,852,215.00	28.94	
2	EXCLUDED AREA SALARIES	16,716,628	-154,118	16,562,510	424,011.00	39.06	
3	SUBTOTAL SALARIES	64,483,532	1,503,480	65,987,012	2,428,204.00	27.18	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	2,037,078		2,037,078	19,685.00	103.48	
5	SUBTOTAL WAGE-RELATED COSTS	18,310,649		18,310,649		27.75	
6	TOTAL	84,831,259	1,503,480	86,334,739	2,447,889.00	35.27	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	21,962,691	-1,798,944	20,163,747	836,966.00	24.09	

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

I PROVIDER NO:	I PERIOD:	I PREPARED	5/28/2010
I 14-0186	I FROM 1/ 1/2009	I WORKSHEET	S-4
I HHA NO:	I TO 12/31/2009	I	
I 14-7400	I	I	
COUNTY:	KANKAKEE		

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,297	1	158
2 UNDUPLICATED CENSUS COUNT		1,088.00	70.00	329.00

TOTAL  
5

1 HOME HEALTH AIDE HOURS  
2 UNDUPLICATED CENSUS COUNT

1,456

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES  
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
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3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)  
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)  
5 OTHER ADMINISTRATIVE PERSONEL  
6 DIRECTING NURSING SERVICE  
7 NURSING SUPERVISOR  
8 PHYSICAL THERAPY SERVICE  
9 PHYSICAL THERAPY SUPERVISOR  
10 OCCUPATIONAL THERAPY SERVICE  
11 OCCUPATIONAL THERAPY SUPERVISOR  
12 SPEECH PATHOLOGY SERVICE  
13 SPEECH PATHOLOGY SUPERVISOR  
14 MEDICAL SOCIAL SERVICE  
15 MEDICAL SOCIAL SERVICE SUPERVISOR  
16 HOME HEALTH AIDE  
17 HOME HEALTH AIDE SUPERVISOR  
18

HOME HEALTH AGENCY MSA CODES

1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID  
YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?  
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN  
COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20  
CONTAINS THE FIRST CODE).

1 0  
3760PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON  
OR AFTER OCTOBER 1, 2000

	WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21 SKILLED NURSING VISITS	7,966	0	0	0
22 SKILLED NURSING VISIT CHARGES	0	0	0	0
23 PHYSICAL THERAPY VISITS	7,583	0	0	0
24 PHYSICAL THERAPY VISIT CHARGES	0	0	0	0
25 OCCUPATIONAL THERAPY VISITS	1,322	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0	0
27 SPEECH PATHOLOGY VISITS	325	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	23	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	1,297	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	0	0	0	0
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	18,516	0	0	0
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	0	0
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	1,407	0	0	0
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0	0



HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2010
I	14-0186	I	FROM 1/ 1/2009	I	WORKSHEET S-4
I	HHA NO:	I	TO 12/31/2009	I	
I	14-7400	I		I	
	COUNTY:		KANKAKEE		

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON  
OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	7,966
22 SKILLED NURSING VISIT CHARGES	0	0	0
23 PHYSICAL THERAPY VISITS	0	0	7,583
24 PHYSICAL THERAPY VISIT CHARGES	0	0	0
25 OCCUPATIONAL THERAPY VISITS	0	0	1,322
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0
27 SPEECH PATHOLOGY VISITS	0	0	325
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	23
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	1,297
32 HOME HEALTH AIDE VISIT CHARGES	0	0	0
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	18,516
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	0
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	1,407
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 3400 SOUTH MAIN  
1.01 CITY: HOPKINS PARK STATE: IL ZIP CODE: 60944 COUNTY: KANKAKEE  
2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
	1	2
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)		/ /
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT

PHYSICIAN NAME	BILLING NUMBER
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10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD

PHYSICIAN NAME	HOURS OF SUPERVISION
----------------	----------------------

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.) N

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
12 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			900	1630	900	1630			900	1630	900	1630		

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N

14 ~~IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.~~ N

15 PROVIDER NAME:

PROVIDER NUMBER:

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS. N TITLE V TITLE XVIII TITLE XIX

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

## HOSPITAL UNCOMPENSATED CARE DATA

I  
I  
I  
I  
IPROVIDER NO:  
14-0186I PERIOD:  
I FROM 1/ 1/2009  
I TO 12/31/2009  
II  
I  
I  
I  
I

## DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
  - 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER  
LINES 2.01 THRU 2.04
    - 2.01 IS IT AT THE TIME OF ADMISSION?
    - 2.02 IS IT AT THE TIME OF FIRST BILLING?
    - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
    - 2.04 OTHER METHODS OF WRITE-OFFS (SPEC.)
  - 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
  - 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE  
JUDGMENT WITHOUT FINANCIAL DATA?
  - 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
  - 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)  
DATA?
  - 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET  
WORTH DATA?
  - 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD  
DEBT AND CHARITY CARE? IF YES ANSWER 8.01
  - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT  
SERVICES?
  - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN  
YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
    - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE  
ELIGIBILITY?
    - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE  
CHARITY FROM BAD DEBT?
    - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON  
CHARITY DETERMINATION?
    - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE  
DISTINCTION IMPORTANT?
  - 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,  
WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS  
(SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO  
BE A CHARITY WRITE OFF?
  - 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,  
IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY  
LEVEL? IF YES ANSWER 11.01 THRU 11.04
    - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL  
POVERTY LEVEL?
    - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%  
OF THE FEDERAL POVERTY LEVEL?
    - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%  
OF THE FEDERAL POVERTY LEVEL?
    - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF  
THE FEDERAL POVERTY LEVEL?
  - 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME  
PATIENTS ON A GRADUAL SCALE?
  - 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH  
PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY  
MEDICAL EXPENSES?
  - 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?  
IF YES ANSWER LINES 14.01 AND 14.02
    - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT  
GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING  
COMPENSATED CARE?
    - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM  
GOVERNMENT FUNDING?
  - 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE  
TO CHARITY PATIENTS?
  - 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE  
CHARITY CARE?
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
  - 17.01 GROSS MEDICAID REVENUES
  - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
  - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
  - 20 RESTRICTED GRANTS
  - 21 NON-RESTRICTED GRANTS
  - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL  
INDIGENT CARE PROGRAMS
  - 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,  
DIVIDED BY COLUMN 8, LINE 103) .284448
  - 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST  
(LINE 23 \* LINE 24)
  - 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
  - 27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)
  - 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

## HOSPITAL UNCOMPENSATED CARE DATA

I  
I  
I  
I  
IPROVIDER NO:  
14-0186IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)  
I PERIOD: I PREPARED 5/28/2010  
I FROM 1/ 1/2009 I WORKSHEET S-10  
I TO 12/31/2009 I  
I

## DESCRIPTION

29 TOTAL GROSS MEDICAID COST (LINE 24 \* LINE 28)  
30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS  
31 UNCOMPENSATED CARE COST (LINE 24 \* LINE 30)  
32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL  
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-0186  
II PERIOD:  
I FROM 1/ 1/2009  
I TO 12/31/2009I PREPARED 5/28/2010  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1 0100	OLD CAP REL COSTS-BLDG & FIXT		20,330,598	20,330,598	-17,864,672	2,465,926
2 0200	OLD CAP REL COSTS-MVBLE EQUIP				2,604,051	2,604,051
3 0300	NEW CAP REL COSTS-BLDG & FIXT				5,452,571	5,452,571
4 0400	NEW CAP REL COSTS-MVBLE EQUIP				10,719,457	10,719,457
5 0500	EMPLOYEE BENEFITS	563,905	21,812,518	22,376,423	939,525	23,315,948
6.01 1160	COMMUNICATIONS				957,522	957,522
6.02 0620	DATA PROCESSING	1,642,181	4,990,384	6,632,565	-753,783	5,878,782
6.03 0630	PURCHASING	485,912	1,477,965	1,963,877	-1,074,820	889,057
6.05 0650	BUSINESS OFFICE	3,090,432	691,693	3,782,125	-3,949	3,778,176
6.06 0660	ADMIN & GENERAL	5,558,893	21,900,465	27,459,358	-636,514	26,822,844
7 0700	MAINTENANCE & REPAIRS	1,249,845	5,741,595	6,991,440	507,949	7,499,389
8 0800	OPERATION OF PLANT	390,136	41,433	431,569	22,336	453,905
9 0900	LAUNDRY & LINEN SERVICE	390,917	53,903	444,820	-688	444,132
10 1000	HOUSEKEEPING	1,241,876	627,194	1,869,070	14,531	1,883,601
11 1100	DIETARY	1,263,812	1,805,586	3,069,398	-1,984,591	1,084,807
12 1200	CAFETERIA				1,982,636	1,982,636
14 1400	NURSING ADMINISTRATION	1,879,196	171,383	2,050,579	-1,075,205	975,374
15 1500	CENTRAL SERVICES & SUPPLY	252,698	196,638	449,336	5,505	454,841
16 1600	PHARMACY	1,960,687	3,685,871	5,646,558	-5,184,295	462,263
17 1700	MEDICAL RECORDS & LIBRARY	1,063,787	550,900	1,614,687	20,239	1,634,926
18 1800	SOCIAL SERVICE	928,414	34,791	963,205	-725,038	238,167
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD					
24 2400	PARAMED ED PRGM-(SPECIFY)	318,801	-16,082	302,719	-71,807	230,912
	INPAT ROUTINE SRVC CNTRS					
25 2500	ADULTS & PEDIATRICS	13,725,662	963,761	14,689,423	135,705	14,825,128
26 2600	INTENSIVE CARE UNIT	1,863,969	76,465	1,940,434	16,317	1,956,751
27 2700	CORONARY CARE UNIT	2,244,928	78,713	2,323,641	20,148	2,343,789
31 3100	SUBPROVIDER					
31.01 3101	SUB II - REHAB	1,396,049	33,919	1,429,968	17,327	1,447,295
33 3300	NURSERY	950,487	503,274	1,453,761	22,794	1,476,555
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	3,668,982	14,610,876	18,279,858	428,429	18,708,287
38 3800	RECOVERY ROOM	1,387,099	136,392	1,523,491	195,993	1,719,484
39 3900	DELIVERY ROOM & LABOR ROOM	1,100,855	159,138	1,259,993	26,763	1,286,756
40 4000	ANESTHESIOLOGY	54,991	442,395	497,386	89,992	587,378
41 4100	RADIOLOGY-DIAGNOSTIC	2,837,666	1,778,337	4,616,003	-98,144	4,517,859
<del>41.01 3450</del>	<del>NUCLEAR MEDICINE-DIAGNOSTIC</del>	<del>190,275</del>	<del>294,567</del>	<del>484,842</del>	<del>95</del>	<del>484,747</del>
41.02 3120	CARDIAC CATHETERIZATION LABORATORY	903,569	6,575,553	7,479,122	44,043	7,523,165
41.22 3230	CT SCAN	533,233	217,020	750,253	-1,277	748,976
41.23 3630	ULTRASOUND	514,156	39,099	553,255	-757	552,498
41.26 3430	MRI	187,803	72,423	260,226	-427	259,799
42 4200	RADIOLOGY-THERAPEUTIC	556,875	3,934,158	4,491,033	117,076	4,608,109
44 4400	LABORATORY	2,117,065	4,572,315	6,689,380	94,460	6,783,840
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
48 4800	INTRAVENOUS THERAPY	163,703	762,360	926,063	678,993	1,605,056
49 4900	RESPIRATORY THERAPY	1,136,978	245,647	1,382,625	51,900	1,434,525
50 5000	PHYSICAL THERAPY	2,124,675	533,494	2,658,169	123,270	2,781,439
53 5300	ELECTROCARDIOLOGY	497,764	43,503	541,267	-959	540,308
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				796,262	796,262
56 5600	DRUGS CHARGED TO PATIENTS				5,139,579	5,139,579
58.01 3950	RENAL DIALYSIS (IP)		314,246	314,246		314,246
59 3140	CARDIAC REHAB	231,602	11,196	242,798	-259	242,539
59.01 3550	OP PSY/CDU	777,586	62,822	840,408	72,364	912,772
59.02 3951	RIMMS	400,416	302,218	702,634	-33,887	668,747
59.03 3952	GENETIC/OAK PLAZA CLINICS					
59.04 3953	PAIN CLINIC					
59.05 3954	DIABETES	131,411	4,858	136,269	-207	136,062
	OUTPAT SERVICE COST CNTRS					
61 6100	EMERGENCY	2,807,247	451,934	3,259,181	154,066	3,413,247
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63 4950	INFUSION	448,012	1,676,566	2,124,578	-1,067	2,123,511
63.01 4040	COMMUNITY HEALTH CENTERS	1,314,795	223,600	1,538,395	-228,785	1,309,610
63.02 4951	RASC	514,995	1,112,688	1,627,683	-110,337	1,517,346
63.50 6310	RHC	199,497	65,776	265,273	-16,813	248,460
	OTHER REIMBURS COST CNTRS					
65 6500	AMBULANCE SERVICES	1,992,243	237,411	2,229,654	33,543	2,263,197
71 7100	HOME HEALTH AGENCY	2,473,266	225,578	2,698,844	10,631	2,709,475
	SPEC PURPOSE COST CENTERS					
88 8800	INTEREST EXPENSE		3,850,259	3,850,259	-883,461	2,966,798
90 9000	OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	71,729,346	128,709,396	200,438,742	744,140	201,182,882
	NONREIMBURS COST CENTERS					
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97 9700	RESEARCH					
97.01 9701	SENIOR ADVAN					
97.02 9702	CARE-A-VAN					
98 9800	PHYSICIANS' PRIVATE OFFICES	10,281,856	3,895,088	14,176,944	-733,657	13,443,287
98.01 9801	REFERENCE LAB					
98.02 9802	MEALS ON WHEELS					
99 9900	NONPAID WORKERS	254,413	-414,714	-160,301	-10,483	-170,784
101	TOTAL	82,265,615	132,189,770	214,455,385	-0-	214,455,385

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-0186  
II PERIOD:  
I FROM 1/ 1/2009  
I TO 12/31/2009I PREPARED 5/28/2010  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	-69,171	2,396,755
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		2,604,051
3 0300	NEW CAP REL COSTS-BLDG & FIXT		5,452,571
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		10,719,457
5 0500	EMPLOYEE BENEFITS	-308,800	23,007,148
6.01 1160	COMMUNICATIONS		957,522
6.02 0620	DATA PROCESSING	-1,416	5,877,366
6.03 0630	PURCHASING	-32,953	856,104
6.05 0650	BUSINESS OFFICE		3,778,176
6.06 0660	ADMIN & GENERAL	-437,549	26,385,295
7 0700	MAINTENANCE & REPAIRS		7,499,389
8 0800	OPERATION OF PLANT		453,905
9 0900	LAUNDRY & LINEN SERVICE		444,132
10 1000	HOUSEKEEPING		1,883,601
11 1100	DIETARY	-15,061	1,069,746
12 1200	CAFETERIA	-1,346,866	635,770
14 1400	NURSING ADMINISTRATION		975,374
15 1500	CENTRAL SERVICES & SUPPLY		454,841
16 1600	PHARMACY		462,263
17 1700	MEDICAL RECORDS & LIBRARY	-3,143	1,631,783
18 1800	SOCIAL SERVICE	-15,411	222,756
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
24 2400	PARAMED ED PRGM-(SPECIFY)	-1,124	229,788
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-236,793	14,588,335
26 2600	INTENSIVE CARE UNIT		1,956,751
27 2700	CORONARY CARE UNIT		2,343,789
31 3100	SUBPROVIDER		
31.01 3101	SUB II - REHAB	-43,627	1,403,668
33 3300	NURSERY		1,476,555
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-207,347	18,500,940
38 3800	RECOVERY ROOM		1,719,484
39 3900	DELIVERY ROOM & LABOR ROOM		1,286,756
40 4000	ANESTHESIOLOGY	-90,000	497,378
41 4100	RADIOLOGY-DIAGNOSTIC	-3,241	4,514,618
41.01 3450	NUCLEAR MEDICINE DIAGNOSTIC		484,747
41.02 3120	CARDIAC CATHETERIZATION LABORATORY		7,523,165
41.22 3230	CT SCAN		748,976
41.23 3630	ULTRASOUND		552,498
41.26 3430	MRI		259,799
42 4200	RADIOLOGY-THERAPEUTIC	-50,584	4,557,525
44 4400	LABORATORY		6,783,840
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
48 4800	INTRAVENOUS THERAPY		1,605,056
49 4900	RESPIRATORY THERAPY	-11,649	1,422,876
50 5000	PHYSICAL THERAPY		2,781,439
53 5300	ELECTROCARDIOLOGY		540,308
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-5,382	790,880
56 5600	DRUGS CHARGED TO PATIENTS	-8,527	5,131,052
58.01 3950	RENAL DIALYSIS (IP)		314,246
59 3140	CARDIAC REHAB		242,539
59.01 3550	OP PSY/CDU	-101,672	811,100
59.02 3951	RIMMS	-241,431	427,316
59.03 3952	GENETIC/OAK PLAZA CLINICS		
59.04 3953	PAIN CLINIC		
59.05 3954	DIABETES		136,062
	OUTPAT SERVICE COST CNTRS		
61 6100	EMERGENCY	-91,250	3,321,997
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63 4950	INFUSION		2,123,511
63.01 4040	COMMUNITY HEALTH CENTERS	-46,409	1,263,201
63.02 4951	RASC		1,517,346
63.50 6310	RHC	-8,609	239,851
	OTHER REIMBURS COST CNTRS		
65 6500	AMBULANCE SERVICES	-272,507	1,990,690
71 7100	HOME HEALTH AGENCY		2,709,475
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	-2,966,798	-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-6,617,320	194,565,562
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97 9700	RESEARCH		
97.01 9701	SENIOR ADVAN		
97.02 9702	CARE-A-VAN		
98 9800	PHYSICIANS' PRIVATE OFFICES	-8,440,177	5,003,110
98.01 9801	REFERENCE LAB		
98.02 9802	MEALS ON WHEELS		
99 9900	NONPAID WORKERS	-5,600	-176,384
101	TOTAL	-15,063,097	199,392,288

## COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 12/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	1160	COMMUNICATIONS
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING	0630	PURCHASING, RECEIVING AND STORES
6.05	BUSINESS OFFICE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	ADMIN & GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
31.01	SUB II - REHAB	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	NUCLEAR MEDICINE-DIAGNOSTIC	3450	NUCLEAR MEDICINE-DIAGNOSTIC
41.02	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
41.22	CT SCAN	3230	CAT SCAN
41.23	ULTRASOUND	3630	ULTRA SOUND
41.26	MRI	3430	MAGNETIC RESONANCE IMAGING (MRI)
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58.01	RENAL DIALYSIS (IP)	3950	OTHER ANCILLARY SERVICE COST CENTERS
59	CARDIAC REHAB	3140	CARDIOLOGY
59.01	OP PSY/CDU	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.02	RIMMS	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.03	GENETIC/OAK PLAZA CLINICS	3952	OTHER ANCILLARY SERVICE COST CENTERS
59.04	PAIN CLINIC	3953	OTHER ANCILLARY SERVICE COST CENTERS
59.05	DIABETES	3954	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	INFUSION	4950	
63.01	COMMUNITY HEALTH CENTERS	4040	OTHER OUTPATIENT SERVICE COST CENTER
63.02	RASC	4951	FAMILY PRACTICE
63.50	RHC	6310	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		RURAL HEALTH CLINIC #####
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97.01	SENIOR ADVAN	9701	RESEARCH
97.02	CARE-A-VAN	9702	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	REFERENCE LAB	9801	PHYSICIANS' PRIVATE OFFICES
98.02	MEALS ON WHEELS	9802	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

## RECLASSIFICATIONS

PROVIDER NO:  
140186PERIOD:  
FROM 1/ 1/2009  
TO 12/31/2009PREPARED 5/28/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		INCREASE		
	CODE	LINE		
	(1) COST CENTER	NO	SALARY	OTHER
	1	3	4	5
1 PRO FEES RECLASS	A SOCIAL SERVICE	18		30,525
2	ADULTS & PEDIATRICS	25		70,000
3	SUB II - REHAB	31.01		19,575
4	OPERATING ROOM	37		314,500
5	ANESTHESIOLOGY	40		90,000
6	RADIOLOGY-THERAPEUTIC	42		100,000
7	LABORATORY	44		77,400
8	RESPIRATORY THERAPY	49		44,840
9	OP PSY/CDU	59.01		51,750
10	EMERGENCY	61		91,250
11	PHYSICIANS' PRIVATE OFFICES	98		63,125
12 BONUSES AND VACATION ACCRUAL	B DATA PROCESSING	6.02	20,043	
13	PURCHASING	6.03	19,957	
14	BUSINESS OFFICE	6.05	35,533	
15	ADMIN & GENERAL	6.06	1,080,019	
16	MAINTENANCE & REPAIRS	7	17,811	
17	OPERATION OF PLANT	8	24,954	
18	EMPLOYEE BENEFITS	5		688
19	HOUSEKEEPING	10	16,715	
20	EMPLOYEE BENEFITS	5		1,772
21	NURSING ADMINISTRATION	14	164,051	
22	EMPLOYEE BENEFITS	5		261
23	PHARMACY	16	21,270	
24	MEDICAL RECORDS & LIBRARY	17	20,801	
25	EMPLOYEE BENEFITS	5		2,701
26	PARAMED ED PRGM-(SPECIFY)	24	37,850	
27	ADULTS & PEDIATRICS	25	18,996	
28	EMPLOYEE BENEFITS	5		175
29	CORONARY CARE UNIT	27	286	
30	EMPLOYEE BENEFITS	5		2,248
31	EMPLOYEE BENEFITS	5		1,847
32	OPERATING ROOM	37	31,017	
33	EMPLOYEE BENEFITS	5		2,507
34	EMPLOYEE BENEFITS	5		1,776
35	EMPLOYEE BENEFITS	5		8
1 BONUSES AND VACATION ACCRUAL	B RADIOLOGY-DIAGNOSTIC	41	17,136	
2	EMPLOYEE BENEFITS	5		95
3	EMPLOYEE BENEFITS	5		740
4	EMPLOYEE BENEFITS	5		1,277
5	EMPLOYEE BENEFITS	5		757
6	EMPLOYEE BENEFITS	5		427
7	RADIOLOGY-THERAPEUTIC	42	17,395	
8	LABORATORY	44	17,983	
9	EMPLOYEE BENEFITS	5		703
10	EMPLOYEE BENEFITS	5		2,333
11	PHYSICAL THERAPY	50	4,027	
12	EMPLOYEE BENEFITS	5		894
13	EMPLOYEE BENEFITS	5		259
14	EMPLOYEE BENEFITS	5		1,367
15	EMPLOYEE BENEFITS	5		1,154
16	EMPLOYEE BENEFITS	5		207
17	EMPLOYEE BENEFITS	5		3,496
18	EMPLOYEE BENEFITS	5		1,002
19	COMMUNITY HEALTH CENTERS	63.01	69,176	
20	EMPLOYEE BENEFITS	5		745
21	EMPLOYEE BENEFITS	5		3,907
22	HOME HEALTH AGENCY	71	15,614	
23	EMPLOYEE BENEFITS	5		12,538
24	EMPLOYEE BENEFITS	5		975
25 UTILITY RECLASS	C MAINTENANCE & REPAIRS	7		1,016
26	MAINTENANCE & REPAIRS	7		773,826
27	MAINTENANCE & REPAIRS	7		1,281
28	MAINTENANCE & REPAIRS	7		39,482
29	MAINTENANCE & REPAIRS	7		115,878
30	MAINTENANCE & REPAIRS	7		2,618
31	MAINTENANCE & REPAIRS	7		2,184
32	MAINTENANCE & REPAIRS	7		183
33	MAINTENANCE & REPAIRS	7		771
34	MAINTENANCE & REPAIRS	7		562
35	MAINTENANCE & REPAIRS	7		225



## RECLASSIFICATIONS

PROVIDER NO:  
140186PERIOD:  
FROM 1/ 1/2009  
TO 12/31/2009

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	INCREASE	
				SALARY 4	OTHER 5
1 UTILITY RECLASS	C	MAINTENANCE & REPAIRS	7		871
2		MAINTENANCE & REPAIRS	7		38,380
3		MAINTENANCE & REPAIRS	7		800
4		MAINTENANCE & REPAIRS	7		217,440
5		MAINTENANCE & REPAIRS	7		420
6		MAINTENANCE & REPAIRS	7		319
7		MAINTENANCE & REPAIRS	7		923
8		MAINTENANCE & REPAIRS	7		65
9		MAINTENANCE & REPAIRS	7		130
10		MAINTENANCE & REPAIRS	7		10,950
11		MAINTENANCE & REPAIRS	7		65
12		MAINTENANCE & REPAIRS	7		8,073
13		MAINTENANCE & REPAIRS	7		1,612
14		MAINTENANCE & REPAIRS	7		21,457
15		MAINTENANCE & REPAIRS	7		7,666
16		MAINTENANCE & REPAIRS	7		4,983
17		MAINTENANCE & REPAIRS	7		185,972
18		MAINTENANCE & REPAIRS	7		9,508
19 CAFETERIA RECLASS	D	CAFETERIA	12	812,294	1,170,342
20 REHAB DIRECTOR RECLASS	E	CENTRAL SERVICES & SUPPLY	15	5,766	
21		NURSING ADMINISTRATION	14	108,786	
22		ADULTS & PEDIATRICS	25	224,915	
23		INTENSIVE CARE UNIT	26	16,492	
24		CORONARY CARE UNIT	27	19,862	
25		NURSERY	33	24,641	
26		OPERATING ROOM	37	83,712	
27		RECOVERY ROOM	38	31,648	
28		DELIVERY ROOM & LABOR ROOM	39	28,539	
29		CARDIAC CATHETERIZATION LABORATORY	41.02	45,203	
30		INTRAVENOUS THERAPY	48	4,244	
31		RESPIRATORY THERAPY	49	9,393	
32		PHYSICAL THERAPY	50	119,243	
33		OP PSY/CDU	59.01	22,111	
34		EMERGENCY	61	66,312	
35		AMBULANCE SERVICES	65	45,116	

1 COST OF GOODS SOLD RECLASS	F	INTRAVENOUS THERAPY	48		102,492
2		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		796,262
3		DRUGS CHARGED TO PATIENTS	56		3,157,622
4 POSTAGE RECLASS	G	ADMIN & GENERAL	6.06		260,728
5		ADMIN & GENERAL	6.06		88
6 UTILIZATION REVIEW RECLASS	H	ADMIN & GENERAL	6.06	752,637	
7 RECOVERY ROOM RECLASS	I	RECOVERY ROOM	38	166,852	
8 IV THERAPY RECLASS	J	INTRAVENOUS THERAPY	48	572,960	
9 DEPRECIATION RECLASS	K	OLD CAP REL COSTS-MVBLE EQUIP	2		2,558,986
10		NEW CAP REL COSTS-BLDG & FIXT	3		5,009,652
11		NEW CAP REL COSTS-MVBLE EQUIP	4		10,386,616
12 INSURANCE RECLASS	L	EMPLOYEE BENEFITS	5		2,533,359
13		EMPLOYEE BENEFITS	5		10,957
14 INTEREST RECLASS	M	ADMIN & GENERAL	6.06		883,461
15 RADIOLOGY	O	RADIOLOGY-DIAGNOSTIC	41	102,160	
16 COMMUNICATIONS	P	COMMUNICATIONS	6.01		957,522
17 LIABILITY INSURANCE	Q	ADMIN & GENERAL	6.06		21,783
18		ADMIN & GENERAL	6.06		57,646
19		ADMIN & GENERAL	6.06		40,122
20		ADMIN & GENERAL	6.06		780,611
21 ESTABLISH LINE 90 OTHER CRC	R	OTHER CAPITAL RELATED COSTS	90		527,327
22		OTHER CAPITAL RELATED COSTS	90		384,080
23 RECLASS NEW LIFE GRANT	S	NONPAID WORKERS	99		254,413
24 RECLASS RX SALARIES	T	DRUGS CHARGED TO PATIENTS	56	1,960,687	
25		DRUGS CHARGED TO PATIENTS	56	21,270	
26 RCLASS NURSING ADMIN SALARIES	U	ADULTS & PEDIATRICS	25	559,045	
27		ADULTS & PEDIATRICS	25	41,029	
28 RECLASS CHC DIRECTORS	V	RHC	63.50	4,508	
29		PHYSICIANS' PRIVATE OFFICES	98	232,329	
30		RHC	63.50		881
31		PHYSICIANS' PRIVATE OFFICES	98		52,170
36 TOTAL RECLASSIFICATIONS				7,732,388	32,394,604

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

## RECLASSIFICATIONS

PROVIDER NO:  
140186PERIOD:  
FROM 1/ 1/2009  
TO 12/31/2009PREPARED 5/28/2010  
WORKSHEET A-6

		DECREASE			
CODE (1)		LINE NO			
1	COST CENTER 6	7	SALARY 8	OTHER 9	
A	ADMIN & GENERAL	6.06		30,525	
	ADMIN & GENERAL	6.06		70,000	
	ADMIN & GENERAL	6.06		19,575	
	ADMIN & GENERAL	6.06		314,500	
	ADMIN & GENERAL	6.06		90,000	
	ADMIN & GENERAL	6.06		100,000	
	ADMIN & GENERAL	6.06		77,400	
	ADMIN & GENERAL	6.06		44,840	
	ADMIN & GENERAL	6.06		51,750	
	ADMIN & GENERAL	6.06		91,250	
	ADMIN & GENERAL	6.06		63,125	
B	EMPLOYEE BENEFITS	5		20,043	
	EMPLOYEE BENEFITS	5		19,957	
	EMPLOYEE BENEFITS	5		35,533	
	EMPLOYEE BENEFITS	5		1,080,019	
	EMPLOYEE BENEFITS	5		17,811	
	LAUNDRY & LINEN SERVICE	9	688	24,954	
	EMPLOYEE BENEFITS	5		16,715	
	DIETARY	11	1,772		
	EMPLOYEE BENEFITS	5		164,051	
	CENTRAL SERVICES & SUPPLY	15	261		
	EMPLOYEE BENEFITS	5		21,270	
	EMPLOYEE BENEFITS	5		20,801	
	SOCIAL SERVICE	18	2,701		
	EMPLOYEE BENEFITS	5		37,850	
	EMPLOYEE BENEFITS	5		18,996	
	INTENSIVE CARE UNIT	26	175		
	EMPLOYEE BENEFITS	5		286	
	SUB II - REHAB	31.01	2,248		
	NURSERY	33	1,847		
	EMPLOYEE BENEFITS	5		31,017	
	RECOVERY ROOM	38	2,507		
	DELIVERY ROOM & LABOR ROOM	39	1,776		
	ANESTHESIOLOGY	40	8		

1 BONUSES AND VACATION ACCRUAL	B	EMPLOYEE BENEFITS	5		17,136	
2		NUCLEAR MEDICINE-DIAGNOSTIC	41.01	95		
3		CARDIAC CATHETERIZATION LABORATORY	41.02	740		
4		CT SCAN	41.22	1,277		
5		ULTRASOUND	41.23	757		
6		MRI	41.26	427		
7		EMPLOYEE BENEFITS	5		17,395	
8		EMPLOYEE BENEFITS	5		17,983	
9		INTRAVENOUS THERAPY	48	703		
10		RESPIRATORY THERAPY	49	2,333		
11		EMPLOYEE BENEFITS	5		4,027	
12		ELECTROCARDIOLOGY	53	894		
13		CARDIAC REHAB	59	259		
14		OP PSY/CDU	59.01	1,367		
15		RIMMS	59.02	1,154		
16		DIABETES	59.05	207		
17		EMERGENCY	61	3,496		
18		INFUSION	63	1,002		
19		EMPLOYEE BENEFITS	5		69,176	
20		RHC	63.50	745		
21		AMBULANCE SERVICES	65	3,907		
22		EMPLOYEE BENEFITS	5		15,614	
23		PHYSICIANS' PRIVATE OFFICES	98	12,538		
24		NONPAID WORKERS	99	975		
25 UTILITY RECLASS	C	EMPLOYEE BENEFITS	5		1,016	
26		DATA PROCESSING	6.02		773,826	
27		PURCHASING	6.03		1,281	
28		BUSINESS OFFICE	6.05		39,482	
29		ADMIN & GENERAL	6.06		115,878	
30		OPERATION OF PLANT	8		2,618	
31		HOUSEKEEPING	10		2,184	
32		DIETARY	11		183	
33		NURSING ADMINISTRATION	14		771	
34		MEDICAL RECORDS & LIBRARY	17		562	
35		SOCIAL SERVICE	18		225	

## RECLASSIFICATIONS

PROVIDER NO:  
140186PERIOD:  
FROM 1/ 1/2009  
TO 12/31/2009PREPARED 5/28/2010  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 UTILITY RECLASS	C	PARAMED ED PRGM-(SPECIFY)	24			871	
2		ADULTS & PEDIATRICS	25			38,380	
3		OPERATING ROOM	37			800	
4		RADIOLOGY-DIAGNOSTIC	41			217,440	
5		CARDIAC CATHETERIZATION LABORATORY	41.02			420	
6		RADIOLOGY-THERAPEUTIC	42			319	
7		LABORATORY	44			923	
8		ELECTROCARDIOLOGY	53			65	
9		OP PSY/CDU	59.01			130	
10		RIMMS	59.02			10,950	
11		INFUSION	63			65	
12		COMMUNITY HEALTH CENTERS	63.01			8,073	
13		RASC	63.02			1,612	
14		RHC	63.50			21,457	
15		AMBULANCE SERVICES	65			7,666	
16		HOME HEALTH AGENCY	71			4,983	
17		PHYSICIANS' PRIVATE OFFICES	98			185,972	
18		NONPAID WORKERS	99			9,508	
19 CAFETERIA RECLASS	D	DIETARY	11		812,294	1,170,342	
20 REHAB DIRECTOR RECLASS	E	NURSING ADMINISTRATION	14		5,766		
21		PARAMED ED PRGM-(SPECIFY)	24		108,786		
22		NURSING ADMINISTRATION	14		224,915		
23		NURSING ADMINISTRATION	14		16,492		
24		NURSING ADMINISTRATION	14		19,862		
25		NURSING ADMINISTRATION	14		24,641		
26		NURSING ADMINISTRATION	14		83,712		
27		NURSING ADMINISTRATION	14		31,648		
28		NURSING ADMINISTRATION	14		28,539		
29		NURSING ADMINISTRATION	14		45,203		
30		NURSING ADMINISTRATION	14		4,244		
31		NURSING ADMINISTRATION	14		9,393		
32		NURSING ADMINISTRATION	14		119,243		
33		NURSING ADMINISTRATION	14		22,111		
34		NURSING ADMINISTRATION	14		66,312		
35		NURSING ADMINISTRATION	14		45,116		
1 COST OF GOODS SOLD RECLASS	F	PHARMACY	16			3,223,608	
2		PURCHASING	6.03			832,768	
3							
4 POSTAGE RECLASS	G	PURCHASING	6.03			260,728	
5		ADULTS & PEDIATRICS	25			88	
6 UTILIZATION REVIEW RECLASS	H	SOCIAL SERVICE	18		752,637		
7 RECOVERY ROOM RECLASS	I	ADULTS & PEDIATRICS	25		166,852		
8 IV THERAPY RECLASS	J	ADULTS & PEDIATRICS	25		572,960		
9 DEPRECIATION RECLASS	K	OLD CAP REL COSTS-BLDG & FIXT	1			2,558,986	9
10		OLD CAP REL COSTS-BLDG & FIXT	1			5,009,652	9
11		OLD CAP REL COSTS-BLDG & FIXT	1			10,386,616	9
12 INSURANCE RECLASS	L	ADMIN & GENERAL	6.06			2,533,359	12
13		RASC	63.02			10,957	
14 INTEREST RECLASS	M	INTEREST EXPENSE	88			883,461	11
15 RADIOLOGY	O	PHYSICIANS' PRIVATE OFFICES	98		102,160		
16 COMMUNICATIONS	P	MAINTENANCE & REPAIRS	7			957,522	
17 LIABILITY INSURANCE	Q	RIMMS	59.02			21,783	
18		RASC	63.02			57,646	
19		RASC	63.02			40,122	
20		PHYSICIANS' PRIVATE OFFICES	98			780,611	
21 ESTABLISH LINE 90 OTHER CRC	R	ADMIN & GENERAL	6.06			527,327	
22		ADMIN & GENERAL	6.06			384,080	
23 RECLASS NEW LIFE GRANT	S	NONPAID WORKERS	99		254,413		
24 RECLASS RX SALARIES	T	PHARMACY	16		1,960,687		
25		PHARMACY	16		21,270		
26 RCLASS NURSING ADMIN SALARIES	U	NURSING ADMINISTRATION	14		559,045		
27		NURSING ADMINISTRATION	14		41,029		
28 RECLASS CHC DIRECTORS	V	COMMUNITY HEALTH CENTERS	63.01		4,508		
29		COMMUNITY HEALTH CENTERS	63.01		232,329		
30		COMMUNITY HEALTH CENTERS	63.01			881	
31		COMMUNITY HEALTH CENTERS	63.01			52,170	
36 TOTAL RECLASSIFICATIONS					6,383,026	33,743,966	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

## RECLASSIFICATIONS

PROVIDER NO: 140186  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/28/2010  
 WORKSHEET A-6  
 NOT A CMS WORKSHEET

RECLASS CODE: A  
 EXPLANATION: PRO FEES RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	SOCIAL SERVICE	30,525	6.06	ADMIN & GENERAL	30,525
2.00	ADULTS & PEDIATRICS	70,000	6.06	ADMIN & GENERAL	70,000
3.00	SUB II - REHAB	19,575	6.06	ADMIN & GENERAL	19,575
4.00	OPERATING ROOM	314,500	6.06	ADMIN & GENERAL	314,500
5.00	ANESTHESIOLOGY	90,000	6.06	ADMIN & GENERAL	90,000
6.00	RADIOLOGY-THERAPEUTIC	100,000	6.06	ADMIN & GENERAL	100,000
7.00	LABORATORY	77,400	6.06	ADMIN & GENERAL	77,400
8.00	RESPIRATORY THERAPY	44,840	6.06	ADMIN & GENERAL	44,840
9.00	OP PSY/CDU	51,750	6.06	ADMIN & GENERAL	51,750
11.00	EMERGENCY	91,250	6.06	ADMIN & GENERAL	91,250
12.00	PHYSICIANS' PRIVATE OFFICES	63,125	6.06	ADMIN & GENERAL	63,125
TOTAL RECLASSIFICATIONS FOR CODE A		952,965			952,965

RECLASS CODE: B  
 EXPLANATION: BONUSES AND VACATION ACCRUAL

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
2.00	DATA PROCESSING	20,043	5	EMPLOYEE BENEFITS	20,043
3.00	PURCHASING	19,957	5	EMPLOYEE BENEFITS	19,957
4.00	BUSINESS OFFICE	35,533	5	EMPLOYEE BENEFITS	35,533
5.00	ADMIN & GENERAL	1,080,019	5	EMPLOYEE BENEFITS	1,080,019
6.00	MAINTENANCE & REPAIRS	17,811	5	EMPLOYEE BENEFITS	17,811
7.00	OPERATION OF PLANT	24,954	5	EMPLOYEE BENEFITS	24,954
8.00	EMPLOYEE BENEFITS	688	9	LAUNDRY & LINEN SERVICE	688
9.00	HOUSEKEEPING	16,715	5	EMPLOYEE BENEFITS	16,715
10.00	EMPLOYEE BENEFITS	1,772	11	DIETARY	1,772
11.00	NURSING ADMINISTRATION	164,051	5	EMPLOYEE BENEFITS	164,051
12.00	EMPLOYEE BENEFITS	261	15	CENTRAL SERVICES & SUPPLY	261
13.00	PHARMACY	21,270	5	EMPLOYEE BENEFITS	21,270
14.00	MEDICAL RECORDS & LIBRARY	20,801	5	EMPLOYEE BENEFITS	20,801
15.00	EMPLOYEE BENEFITS	2,701	18	SOCIAL SERVICE	2,701
16.00	PARAMED-ED PRGM (SPECIFY)	37,850	5	EMPLOYEE BENEFITS	37,850
17.00	ADULTS & PEDIATRICS	18,996	5	EMPLOYEE BENEFITS	18,996
18.00	EMPLOYEE BENEFITS	175	26	INTENSIVE CARE UNIT	175
19.00	CORONARY CARE UNIT	286	5	EMPLOYEE BENEFITS	286
20.00	EMPLOYEE BENEFITS	2,248	31.01	SUB II - REHAB	2,248
21.00	EMPLOYEE BENEFITS	1,847	33	NURSERY	1,847
22.00	OPERATING ROOM	31,017	5	EMPLOYEE BENEFITS	31,017
23.00	EMPLOYEE BENEFITS	2,507	38	RECOVERY ROOM	2,507
24.00	EMPLOYEE BENEFITS	1,776	39	DELIVERY ROOM & LABOR ROOM	1,776
25.00	EMPLOYEE BENEFITS	8	40	ANESTHESIOLOGY	8
26.00	RADIOLOGY-DIAGNOSTIC	17,136	5	EMPLOYEE BENEFITS	17,136
27.00	EMPLOYEE BENEFITS	95	41.01	NUCLEAR MEDICINE-DIAGNOSTIC	95
28.00	EMPLOYEE BENEFITS	740	41.02	CARDIAC CATHETERIZATION LABORA	740
29.00	EMPLOYEE BENEFITS	1,277	41.22	CT SCAN	1,277
30.00	EMPLOYEE BENEFITS	757	41.23	ULTRASOUND	757
31.00	EMPLOYEE BENEFITS	427	41.26	MRI	427
32.00	RADIOLOGY-THERAPEUTIC	17,395	5	EMPLOYEE BENEFITS	17,395
33.00	LABORATORY	17,983	5	EMPLOYEE BENEFITS	17,983
34.00	EMPLOYEE BENEFITS	703	48	INTRAVENOUS THERAPY	703
35.00	EMPLOYEE BENEFITS	2,333	49	RESPIRATORY THERAPY	2,333
36.00	PHYSICAL THERAPY	4,027	5	EMPLOYEE BENEFITS	4,027
37.00	EMPLOYEE BENEFITS	894	53	ELECTROCARDIOLOGY	894
38.00	EMPLOYEE BENEFITS	259	59	CARDIAC REHAB	259
39.00	EMPLOYEE BENEFITS	1,367	59.01	OP PSY/CDU	1,367
40.00	EMPLOYEE BENEFITS	1,154	59.02	RIMMS	1,154
41.00	EMPLOYEE BENEFITS	207	59.05	DIABETES	207
42.00	EMPLOYEE BENEFITS	3,496	61	EMERGENCY	3,496
43.00	EMPLOYEE BENEFITS	1,002	63	INFUSION	1,002
44.00	COMMUNITY HEALTH CENTERS	69,176	5	EMPLOYEE BENEFITS	69,176
45.00	EMPLOYEE BENEFITS	745	63.50	RHC	745
46.00	EMPLOYEE BENEFITS	3,907	65	AMBULANCE SERVICES	3,907
47.00	HOME HEALTH AGENCY	15,614	5	EMPLOYEE BENEFITS	15,614
48.00	EMPLOYEE BENEFITS	12,538	98	PHYSICIANS' PRIVATE OFFICES	12,538
49.00	EMPLOYEE BENEFITS	975	99	NONPAID WORKERS	975
TOTAL RECLASSIFICATIONS FOR CODE B		1,697,493			1,697,493

RECLASS CODE: C  
 EXPLANATION: UTILITY RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	MAINTENANCE & REPAIRS	1,016	5	EMPLOYEE BENEFITS	1,016

## RECLASSIFICATIONS

PROVIDER NO:

140186

PERIOD:

FROM 1/ 1/2009

PREPARED 5/28/2010

TO 12/31/2009

WORKSHEET A-6

NOT A CMS WORKSHEET

RECLASS CODE: C

EXPLANATION : UTILITY RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
3.00	MAINTENANCE & REPAIRS	773,826	6.02	DATA PROCESSING	773,826
4.00	MAINTENANCE & REPAIRS	1,281	6.03	PURCHASING	1,281
5.00	MAINTENANCE & REPAIRS	39,482	6.05	BUSINESS OFFICE	39,482
6.00	MAINTENANCE & REPAIRS	115,878	6.06	ADMIN & GENERAL	115,878
7.00	MAINTENANCE & REPAIRS	2,618	8	OPERATION OF PLANT	2,618
8.00	MAINTENANCE & REPAIRS	2,184	10	HOUSEKEEPING	2,184
9.00	MAINTENANCE & REPAIRS	183	11	DIETARY	183
10.00	MAINTENANCE & REPAIRS	771	14	NURSING ADMINISTRATION	771
11.00	MAINTENANCE & REPAIRS	562	17	MEDICAL RECORDS & LIBRARY	562
12.00	MAINTENANCE & REPAIRS	225	18	SOCIAL SERVICE	225
14.00	MAINTENANCE & REPAIRS	871	24	PARAMED ED PRGM-(SPECIFY)	871
15.00	MAINTENANCE & REPAIRS	38,380	25	ADULTS & PEDIATRICS	38,380
16.00	MAINTENANCE & REPAIRS	800	37	OPERATING ROOM	800
19.00	MAINTENANCE & REPAIRS	217,440	41	RADIOLOGY-DIAGNOSTIC	217,440
20.00	MAINTENANCE & REPAIRS	420	41.02	CARDIAC CATHETERIZATION LABORA	420
21.00	MAINTENANCE & REPAIRS	319	42	RADIOLOGY-THERAPEUTIC	319
22.00	MAINTENANCE & REPAIRS	923	44	LABORATORY	923
24.00	MAINTENANCE & REPAIRS	65	53	ELECTROCARDIOLOGY	65
25.00	MAINTENANCE & REPAIRS	130	59.01	OP PSY/CDU	130
26.00	MAINTENANCE & REPAIRS	10,950	59.02	RIMMS	10,950
29.00	MAINTENANCE & REPAIRS	65	63	INFUSION	65
30.00	MAINTENANCE & REPAIRS	8,073	63.01	COMMUNITY HEALTH CENTERS	8,073
31.00	MAINTENANCE & REPAIRS	1,612	63.02	RASC	1,612
32.00	MAINTENANCE & REPAIRS	21,457	63.50	RHC	21,457
33.00	MAINTENANCE & REPAIRS	7,666	65	AMBULANCE SERVICES	7,666
34.00	MAINTENANCE & REPAIRS	4,983	71	HOME HEALTH AGENCY	4,983
35.00	MAINTENANCE & REPAIRS	185,972	98	PHYSICIANS' PRIVATE OFFICES	185,972
36.00	MAINTENANCE & REPAIRS	9,508	99	NONPAID WORKERS	9,508
TOTAL RECLASSIFICATIONS FOR CODE C		1,447,660			1,447,660

RECLASS CODE: D

EXPLANATION : CAFETERIA RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	1,982,636	11	DIETARY	1,982,636
TOTAL RECLASSIFICATIONS FOR CODE D		1,982,636			1,982,636

RECLASS CODE: E

EXPLANATION : REHAB DIRECTOR RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
2.00	CENTRAL SERVICES & SUPPLY	5,766	14	NURSING ADMINISTRATION	5,766
3.00	NURSING ADMINISTRATION	108,786	24	PARAMED ED PRGM-(SPECIFY)	108,786
4.00	ADULTS & PEDIATRICS	224,915	14	NURSING ADMINISTRATION	224,915
5.00	INTENSIVE CARE UNIT	16,492	14	NURSING ADMINISTRATION	16,492
6.00	CORONARY CARE UNIT	19,862	14	NURSING ADMINISTRATION	19,862
8.00	NURSERY	24,641	14	NURSING ADMINISTRATION	24,641
9.00	OPERATING ROOM	83,712	14	NURSING ADMINISTRATION	83,712
10.00	RECOVERY ROOM	31,648	14	NURSING ADMINISTRATION	31,648
11.00	DELIVERY ROOM & LABOR ROOM	28,539	14	NURSING ADMINISTRATION	28,539
13.00	CARDIAC CATHETERIZATION LABORA	45,203	14	NURSING ADMINISTRATION	45,203
14.00	INTRAVENOUS THERAPY	4,244	14	NURSING ADMINISTRATION	4,244
15.00	RESPIRATORY THERAPY	9,393	14	NURSING ADMINISTRATION	9,393
16.00	PHYSICAL THERAPY	119,243	14	NURSING ADMINISTRATION	119,243
19.00	OP PSY/CDU	22,111	14	NURSING ADMINISTRATION	22,111
20.00	EMERGENCY	66,312	14	NURSING ADMINISTRATION	66,312
21.00	AMBULANCE SERVICES	45,116	14	NURSING ADMINISTRATION	45,116
TOTAL RECLASSIFICATIONS FOR CODE E		855,983			855,983

RECLASS CODE: F

EXPLANATION : COST OF GOODS SOLD RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	INTRAVENOUS THERAPY	102,492	16	PHARMACY	3,223,608
2.00	MEDICAL SUPPLIES CHARGED TO PA	796,262	6.03	PURCHASING	832,768
3.00	DRUGS CHARGED TO PATIENTS	3,157,622			0
TOTAL RECLASSIFICATIONS FOR CODE F		4,056,376			4,056,376

RECLASS CODE: G

EXPLANATION : POSTAGE RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADMIN & GENERAL	260,728	6.03	PURCHASING	260,728

## RECLASSIFICATIONS

PROVIDER NO:  
140186PERIOD:  
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TO 12/31/2009PREPARED 5/28/2010  
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EXPLANATION : POSTAGE RECLASS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
2.00	ADMIN & GENERAL	6.06	88
TOTAL RECLASSIFICATIONS FOR CODE G			260,816

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	88	
			260,816

RECLASS CODE: H  
EXPLANATION : UTILIZATION REVIEW RECLASS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMIN & GENERAL	6.06	752,637
TOTAL RECLASSIFICATIONS FOR CODE H			752,637

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	
SOCIAL SERVICE	18	752,637	
			752,637

RECLASS CODE: I  
EXPLANATION : RECOVERY ROOM RECLASS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	RECOVERY ROOM	38	166,852
TOTAL RECLASSIFICATIONS FOR CODE I			166,852

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	166,852	
			166,852

RECLASS CODE: J  
EXPLANATION : IV THERAPY RECLASS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	INTRAVENOUS THERAPY	48	572,960
TOTAL RECLASSIFICATIONS FOR CODE J			572,960

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	572,960	
			572,960

RECLASS CODE: K  
EXPLANATION : DEPRECIATION RECLASS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	2,558,986
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	5,009,652
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	10,386,616
TOTAL RECLASSIFICATIONS FOR CODE K			17,955,254

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	
OLD CAP REL COSTS-BLDG & FIXT	1	2,558,986	
OLD CAP REL COSTS-BLDG & FIXT	1	5,009,652	
OLD CAP REL COSTS-BLDG & FIXT	1	10,386,616	
			17,955,254

RECLASS CODE: L  
EXPLANATION : INSURANCE RECLASS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	2,533,359
2.00	EMPLOYEE BENEFITS	5	10,957
TOTAL RECLASSIFICATIONS FOR CODE L			2,544,316

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	
ADMIN & GENERAL	6.06	2,533,359	
RASC	63.02	10,957	
			2,544,316

RECLASS CODE: M  
EXPLANATION : INTEREST RECLASS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
2.00	ADMIN & GENERAL	6.06	883,461
TOTAL RECLASSIFICATIONS FOR CODE M			883,461

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	883,461	
			883,461

RECLASS CODE: O  
EXPLANATION : RADIOLOGY

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	41	102,160
TOTAL RECLASSIFICATIONS FOR CODE O			102,160

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	
PHYSICIANS' PRIVATE OFFICES	98	102,160	
			102,160

RECLASS CODE: P  
EXPLANATION : COMMUNICATIONS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	COMMUNICATIONS	6.01	957,522
TOTAL RECLASSIFICATIONS FOR CODE P			957,522

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	
MAINTENANCE & REPAIRS	7	957,522	
			957,522

## RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140186	FROM 1/1/2009	5/28/2010
	TO 12/31/2009	WORKSHEET A-6
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RECLASS CODE: Q  
EXPLANATION : LIABILITY INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	ADMIN & GENERAL	6.06	21,783	RIMMS	59.02	21,783	
3.00	ADMIN & GENERAL	6.06	57,646	RASC	63.02	57,646	
4.00	ADMIN & GENERAL	6.06	40,122	RASC	63.02	40,122	
5.00	ADMIN & GENERAL	6.06	780,611	PHYSICIANS' PRIVATE OFFICES	98	780,611	
TOTAL RECLASSIFICATIONS FOR CODE Q			900,162			900,162	

RECLASS CODE: R  
EXPLANATION : ESTABLISH LINE 90 OTHER CRC

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	527,327	ADMIN & GENERAL	6.06	527,327	
2.00	OTHER CAPITAL RELATED COSTS	90	384,080	ADMIN & GENERAL	6.06	384,080	
TOTAL RECLASSIFICATIONS FOR CODE R			911,407			911,407	

RECLASS CODE: S  
EXPLANATION : RECLASS NEW LIFE GRANT

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPAID WORKERS	99	254,413	NONPAID WORKERS	99	254,413	
TOTAL RECLASSIFICATIONS FOR CODE S			254,413			254,413	

RECLASS CODE: T  
EXPLANATION : RECLASS RX SALARIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	1,960,687	PHARMACY	16	1,960,687	
2.00	DRUGS CHARGED TO PATIENTS	56	21,270	PHARMACY	16	21,270	
TOTAL RECLASSIFICATIONS FOR CODE T			1,981,957			1,981,957	

RECLASS CODE: U  
EXPLANATION : RECLASS NURSING ADMIN SALARIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	559,045	NURSING ADMINISTRATION	14	559,045	
2.00	ADULTS & PEDIATRICS	25	41,029	NURSING ADMINISTRATION	14	41,029	
TOTAL RECLASSIFICATIONS FOR CODE U			600,074			600,074	

RECLASS CODE: V  
EXPLANATION : RECLASS CHC DIRECTORS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RHC	63.50	4,508	COMMUNITY HEALTH CENTERS	63.01	4,508	
2.00	PHYSICIANS' PRIVATE OFFICES	98	232,329	COMMUNITY HEALTH CENTERS	63.01	232,329	
3.00	RHC	63.50	881	COMMUNITY HEALTH CENTERS	63.01	881	
4.00	PHYSICIANS' PRIVATE OFFICES	98	52,170	COMMUNITY HEALTH CENTERS	63.01	52,170	
TOTAL RECLASSIFICATIONS FOR CODE V			289,888			289,888	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	163,110					163,110	
2	LAND IMPROVEMENTS	1,080,146					1,080,146	1,080,146
3	BUILDINGS & FIXTURE	20,943,737					20,943,737	9,104,123
4	BUILDING IMPROVEMEN	11,383,708					11,383,708	10,598,801
5	FIXED EQUIPMENT	1,359,169					1,359,169	1,339,656
6	MOVABLE EQUIPMENT	17,378,081					17,378,081	17,378,081
7	SUBTOTAL	52,307,951					52,307,951	39,500,807
8	RECONCILING ITEMS							
9	TOTAL	52,307,951					52,307,951	39,500,807

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	7,828,521					7,828,521	
2	LAND IMPROVEMENTS	1,498,261	66,151		66,151		1,564,412	482,381
3	BUILDINGS & FIXTURE	139,183,245	3,850,551		3,850,551		143,033,796	3,787,263
4	BUILDING IMPROVEMEN	14,906,999	1,442,561		1,442,561		16,349,560	883,395
5	FIXED EQUIPMENT	1,953,365	66,631		66,631		2,019,996	475,234
6	MOVABLE EQUIPMENT	118,664,970	9,683,552		9,683,552		128,348,522	60,451,071
7	SUBTOTAL	284,035,361	15,109,446		15,109,446		299,144,807	66,079,344
8	RECONCILING ITEMS							
9	TOTAL	284,035,361	15,109,446		15,109,446		299,144,807	66,079,344



PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITIALIZED GROSS ASSETS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			LEASES 2	FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL	34,929,870		34,929,870	.099387	38,173	52,409		90,582
2	OLD CAP REL COSTS-MV	17,378,081		17,378,081	.049446	18,991	26,074		45,065
3	NEW CAP REL COSTS-BL	170,796,285		170,796,285	.485973	186,652	256,267		442,919
4	NEW CAP REL COSTS-MV	128,348,522		128,348,522	.365194	140,264	192,577		332,841
5	TOTAL	351,452,758		351,452,758	1.000000	384,080	527,327		911,407

DESCRIPTION			SUMMARY OF OLD AND NEW CAPITAL					
*		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL	2,375,344		-69,171	38,173	52,409		2,396,755
2	OLD CAP REL COSTS-MV	2,558,986			18,991	26,074		2,604,051
3	NEW CAP REL COSTS-BL	5,009,652			186,652	256,267		5,452,571
4	NEW CAP REL COSTS-MV	10,386,616			140,264	192,577		10,719,457
5	TOTAL	20,330,598		-69,171	384,080	527,327		21,172,834

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION		SUMMARY OF OLD AND NEW CAPITAL						
*		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL	20,330,598						20,330,598
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	20,330,598						20,330,598

- \* All lines numbers except line 5 are to be consistent with workshseet A line numbers for capital cost centers.  
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.  
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

## ADJUSTMENTS TO EXPENSES

I PROVIDER NO:

I 14-0186

I

I PERIOD:

I FROM 1/ 1/2009

I TO

12/31/2009

I

I PREPARED 5/28/2010

I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
1	B	-69,171	OLD CAP REL COSTS-BLDG &	1	11
2			OLD CAP REL COSTS-MVBLE E	2	
3			NEW CAP REL COSTS-BLDG &	3	
4			NEW CAP REL COSTS-MVBLE E	4	
5					
6					
7					
8					
9	B	-1,416	DATA PROCESSING	6.02	
10					
11					
12	A-8-2	-920,175			
13	B	-3,241	RADIOLOGY-DIAGNOSTIC	41	
14	A-8-1				
15					
16	B	-1,111,008	CAFETERIA	12	
17					
18	B	-5,382	MEDICAL SUPPLIES CHARGED	55	
19	B	-8,527	DRUGS CHARGED TO PATIENTS	56	
20	B	-3,143	MEDICAL RECORDS & LIBRARY	17	
21					
22	B	-15,061	DIETARY	11	
23					
24					
25	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	A-8-3				
28			**COST CENTER DELETED**	89	
29			OLD CAP REL COSTS-BLDG &	1	
30			OLD CAP REL COSTS-MVBLE E	2	
31			NEW CAP REL COSTS-BLDG &	3	
32			NEW CAP REL COSTS-MVBLE E	4	
33			**COST CENTER DELETED**	20	
34					
35	A-8-4		**COST CENTER DELETED**	51	
36	A-8-4		**COST CENTER DELETED**	52	
37					
38					
38.50					
38.55	B	-8,136	ADMIN & GENERAL	6.06	
39					
39.01	A	-5,313	RIMMS	59.02	
39.02	A	-46,409	COMMUNITY HEALTH CENTERS	63.01	
39.03	A	-8,609	RHC	63.50	
39.04	A	-664,848	PHYSICIANS' PRIVATE OFFIC	98	
40					
40.35					
40.44					
40.50					
40.51	B	-32,953	PURCHASING	6.03	
40.60	B	-2,982	ADMIN & GENERAL	6.06	
40.62					
40.64					
40.66	B	-5,030	ADMIN & GENERAL	6.06	
40.72	B	-1,124	PARAMED ED PRGM-(SPECIFY)	24	
40.76					
40.79	B	-235,858	CAFETERIA	12	
40.80	B	-272,507	AMBULANCE SERVICES	65	
40.82	B	-48,020	ADMIN & GENERAL	6.06	
40.97					
40.98	B	-129,497	PHYSICIANS' PRIVATE OFFIC	98	
40.99					
41					
41.01	A	-8,196	ADMIN & GENERAL	6.06	
41.02	A	-25,403	ADMIN & GENERAL	6.06	
41.03	A	-119,729	ADULTS & PEDIATRICS	25	
41.04	A	-44,547	OP PSY/CDU	59.01	
41.05	A	-308,800	EMPLOYEE BENEFITS	5	
41.06	A	-120,443	ADMIN & GENERAL	6.06	
41.07	A	-100,787	ADMIN & GENERAL	6.06	
41.10	A	-118,501	ADMIN & GENERAL	6.06	
41.11	A	-2,966,798	INTEREST EXPENSE	88	
41.12					
41.13	A	-51	ADMIN & GENERAL	6.06	
41.14					
42					
42.01	A	-5,600	NONPAID WORKERS	99	
42.02	A	-7,645,832	PHYSICIANS' PRIVATE OFFIC	98	
43					
44					
45					
46					
47					
48					
49					

## ADJUSTMENTS TO EXPENSES

I PROVIDER NO:  
I 14-0186  
II PERIOD:  
I FROM 1/ 1/2009 I PREPARED 5/28/2010  
I TO 12/31/2009 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4		
50 TOTAL (SUM OF LINES 1 THRU 49)		-15,063,097				

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-I.  
(2) Basis for adjustment (see instructions).  
A. Costs - if cost, including applicable overhead, can be determined.  
B. Amount Received - if cost cannot be determined.  
(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.  
Note: See instructions for column 5 referencing to Worksheet A-7

STATEMENT OF COSTS OF SERVICES  
FROM RELATED ORGANIZATIONS AND  
HOME OFFICE COSTS

IN LIEU OF FORM CMS-2552-96(09/2000)  
I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
I 14-0186 I FROM 1/ 1/2009 I  
I TO 12/31/2009 I WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO. 1	COST CENTER 2	EXPENSE ITEMS 3	AMOUNT OF ALLOWABLE COST 4	AMOUNT 5	NET* ADJUST- MENTS 6	WKSHT A-7 COL. REF.
1	25	ADULTS & PEDIATRICS				
2		FACILITY RENT	60,000	60,000		
3						
4						
5		TOTALS	60,000	60,000		

\* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:  
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME 2	PERCENTAGE OF OWNERSHIP 3	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME 4	PERCENTAGE OF OWNERSHIP 5	TYPE OF BUSINESS 6
1					
2	A	0.00	OAKSIDE CORPORATION	0.00	CHEMICAL DEPENDENCY
3	A	0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

## PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:

I 14-0186

I

I PERIOD:

I FROM 1/ 1/2009

I

I TO 12/31/2009

I PREPARED 5/28/2010

I WORKSHEET A-8-2

I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
3 18	AGGREGATE	30,525		30,525	154,100	204	15,114	756
5 25	AGGREGATE	168,925	98,925	70,000	154,100	700	51,861	2,593
6 26	AGGREGATE				204,100			
7 31 1	AGGREGATE	58,627	43,627	15,000	200,300	188	18,104	905
8 37	AGGREGATE	314,500	14,000	300,500	204,100	1,092	107,153	5,358
9 40	AGGREGATE	90,000	90,000		200,300			
11 42	AGGREGATE	100,000		100,000	154,100	667	49,416	2,471
12 44	AGGREGATE	77,400		77,400	219,500	847	89,383	4,469
13 49	AGGREGATE	44,840		44,840	154,100	448	33,191	1,660
15 59 1	AGGREGATE	57,125	57,125		154,100			
16 59 2	AGGREGATE	236,118	236,118		154,100			
17 61	AGGREGATE	91,250	91,250		154,100			
18 0								
19 0								
20 0								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,269,310	631,045	638,265		4,146	364,222	18,212
WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
3 18	AGGREGATE					15,114	15,411	15,411
5 25	AGGREGATE					51,861	18,139	117,064
6 26	AGGREGATE							
7 31 1	AGGREGATE					18,104		43,627
8 37	AGGREGATE					107,153	193,347	207,347
9 40	AGGREGATE							90,000
11 42	AGGREGATE					49,416	50,584	50,584
12 44	AGGREGATE					89,383		
13 49	AGGREGATE					33,191	11,649	11,649
15 59 1	AGGREGATE							57,125
16 59 2	AGGREGATE							236,118
17 61	AGGREGATE							91,250
18 0								
19 0								
20 0								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					364,222	289,130	920,175

## COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 12/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	ACTUAL	BENEFITS	ENTERED
6.01	COMMUNICATIONS	7	PHONES		ENTERED
6.02	DATA PROCESSING	8	DEVICES		ENTERED
6.03	PURCHASING	9	REQS		ENTERED
6.05	BUSINESS OFFICE	10	CHARGES		ENTERED
6.06	ADMIN & GENERAL	-11	ACCUM.	COST	ENTERED
7	MAINTENANCE & REPAIRS	12	WORK ORDER		ENTERED
8	OPERATION OF PLANT	13	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	14	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	15	SQUARE	FEET	ENTERED
11	DIETARY	16	MEALS	SERVED	ENTERED
12	CAFETERIA	17	FTES		ENTERED
14	NURSING ADMINISTRATION	19	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	20	COSTED	REQUIS.	ENTERED
16	PHARMACY	21	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	22	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	23	TIME	SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	27	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	29	ASSIGNED	TIME	ENTERED

## COST ALLOCATION - GENERAL SERVICE COSTS

IN LIEU OF FORM CMS-2552-96(7/2009)  
 PROVIDER NO: 14-0186 I PERIOD: 1/1/2009 TO 12/31/2009 I PREPARED 5/28/2010 I WORKSHEET B I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	COMMUNICATION S
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	2,396,755	2,396,755					
003 OLD CAP REL COSTS-MVBLE E	2,604,051		2,604,051				
004 NEW CAP REL COSTS-BLDG &	5,452,571			5,452,571			
005 NEW CAP REL COSTS-MVBLE E	10,719,457				10,719,457		
006 01 EMPLOYEE BENEFITS	23,007,148	13,438		25,291	54,028	23,099,905	
006 02 COMMUNICATIONS	957,522			1,508			959,030
006 03 DATA PROCESSING	5,877,366	43,503	2,604,051	81,876	3,445,186	511,769	66,831
006 04 PURCHASING	856,104	89,189		167,862	310,220	177,702	12,531
006 05 BUSINESS OFFICE	3,778,176	51,480		96,890	131,039	1,073,167	38,428
006 06 ADMIN & GENERAL	26,385,295	241,732		454,961	186,761	1,606,734	183,786
007 MAINTENANCE & REPAIRS	7,499,389	70,216		132,152	417,382	386,379	32,580
008 OPERATION OF PLANT	453,905	631,219		1,188,010	613,056	167,986	14,202
009 LAUNDRY & LINEN SERVICE	444,132	19,031		35,818	2,800	144,646	835
010 HOUSEKEEPING	1,883,601	11,578		21,790	46,025	481,785	6,683
011 DIETARY	1,069,746	48,715		91,685	97,318	164,680	11,695
012 CAFETERIA	635,770	44,576		83,895		322,343	
014 NURSING ADMINISTRATION	975,374				37,294	15,128	13,366
015 CENTRAL SERVICES & SUPPLY	454,841	30,385		57,187	45,075	80,341	3,342
016 PHARMACY	462,263	11,282		21,234	341,434		8,354
017 MEDICAL RECORDS & LIBRARY	1,631,783	27,061		50,931	136,777	337,104	42,605
018 SOCIAL SERVICE	222,756	2,532		4,766	45	237,812	7,519
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM-(SPECIFY)	229,788	772		1,454	1,971	273,407	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	14,588,335	286,603		539,413	124,987	4,334,639	137,004
027 INTENSIVE CARE UNIT	1,956,751	18,559		34,929	26,773	410,617	8,354
027 CORONARY CARE UNIT	2,343,789	24,963		46,982	13,542	708,909	7,519
031 SUBPROVIDER		17,505		32,946			
031 01 SUB II - REHAB	1,403,668	38,143		71,788	13,015	389,692	11,695
033 NURSERY	1,476,555	8,249		15,526	11,620	278,627	3,342
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	18,500,940	74,831		140,839	898,124	1,167,902	22,556
039 RECOVERY ROOM	1,719,484	19,760		37,191	51,522	396,562	17,543
040 DELIVERY ROOM & LABOR ROO	1,286,756	25,096		47,234	124,856	335,602	5,012
041 ANESTHESIOLOGY	497,378	1,946		3,662	3,204	29,146	835
041 RADIOLOGY-DIAGNOSTIC	4,514,618	35,644		89,423	1,335,019	801,835	13,366
041 01 NUCLEAR MEDICINE-DIAGNOST	484,747	2,337		4,398	140,224	43,975	1,671
041 02 CARDIAC CATHETERIZATION L	7,523,165	16,570		31,187	772,396	260,776	4,177
041 22 CT SCAN	748,976	2,742		5,160	216,985	124,393	5,012
041 23 ULTRASOUND	552,498	2,155		4,057	160,010	141,499	3,342
041 26 MRI	259,799	5,684		10,698	75,262	45,972	5,012
042 RADIOLOGY-THERAPEUTIC	4,557,525				18,645	143,145	13,366
044 LABORATORY	6,783,840	31,047		58,434	155,879	604,617	27,568
046 WHOLE BLOOD & PACKED RED		1,049		1,974			
048 INTRAVENOUS THERAPY	1,605,056					74,389	1,671
049 RESPIRATORY THERAPY	1,422,876	5,970		11,236	52,143	369,516	5,848
050 PHYSICAL THERAPY	2,781,439	87,377		164,452	27,642	617,349	24,226
053 ELECTROCARDIOLOGY	540,308	13,266		24,967	82,840	149,002	13,366
055 MEDICAL SUPPLIES CHARGED	790,880						
056 DRUGS CHARGED TO PATIENTS	5,131,052						
058 01 RENAL DIALYSIS (IP)	314,246					515,074	
059 CARDIAC REHAB	242,539	8,736		16,442	721		
059 01 OP PSY/CDU	811,100	55,934		105,273	15,406	76,331	3,342
059 02 RIMMS	427,316	18,840		35,459	17,235	234,757	
059 03 GENETIC/OAK PLAZA CLINICS					7,620	116,263	10,025
059 04 PAIN CLINIC							15,037
059 05 DIABETES	136,062	2,356		4,433	2,754	39,422	3,342
061 OUTPAT SERVICE COST CNTRS					432		
062 EMERGENCY	3,321,997	41,414		77,945	123,305	775,918	44,276
063 OBSERVATION BEDS (NON-DIS							
063 INFUSION	2,123,511				15,730	136,604	
063 01 COMMUNITY HEALTH CENTERS	1,263,201			265,372	3,959	226,254	1,671
063 02 RASC	1,517,346						
063 50 RHC	239,851	27,719		52,170	1,658	65,301	3,342
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	1,990,690	29,803		56,092	68,399	629,310	3,342
071 HOME HEALTH AGENCY	2,709,475	13,581		25,560	54,251	737,128	15,872
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	194,565,562	2,254,588	2,604,051	4,532,552	10,482,569	20,961,509	875,491
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP		6,123		11,523			
097 RESEARCH							
097 01 SENIOR ADVAN					956	16,550	
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFIC	5,003,110	133,078		578,713	230,335	2,037,165	40,099
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS							
099 NONPAID WORKERS	-176,384	2,966		329,783	5,597	84,681	43,440
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	199,392,288	2,396,755	2,604,051	5,452,571	10,719,457	23,099,905	959,030

## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET B  
 I I TO 12/31/2009 I PART I

COST CENTER DESCRIPTION	DATA PROCESSI NG	PURCHASING	BUSINESS OFFI CE	SUBTOTAL	ADMIN & GENER AL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.02	6.03	6.05	6a.05	6.06	7	8
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING	12,630,582						
006 03 PURCHASING	201,124	1,814,732					
006 05 BUSINESS OFFICE	1,944,198	673	7,114,051				
006 06 ADMIN & GENERAL	1,971,014	4,507	983	31,035,773	31,035,773		
007 MAINTENANCE & REPAIRS	281,573	3,538		8,823,209	1,641,311	10,464,520	
008 OPERATION OF PLANT	227,940	78		3,296,396	613,202		3,909,598
009 LAUNDRY & LINEN SERVICE		33		647,295	120,411		59,239
010 HOUSEKEEPING	80,450	1,487		2,533,399	471,268		36,039
011 DIETARY	134,083	462		1,618,384	301,055		151,638
012 CAFETERIA				1,086,584	202,129		138,754
014 NURSING ADMINISTRATION	147,491	908		1,189,561	221,285		
015 CENTRAL SERVICES & SUPPLY	67,041	8,471		746,683	138,899	80,859	94,581
016 PHARMACY	254,757	25,413		1,124,737	209,226		35,119
017 MEDICAL RECORDS & LIBRARY	388,840	37		2,615,138	486,473		84,235
018 SOCIAL SERVICE	281,573	8		757,011	140,821		7,882
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM-(SPECIFY)		80		507,472	94,401	249,316	2,405
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,300,601	16,891	442,099	21,770,572	4,049,805	619,920	946,625
026 INTENSIVE CARE UNIT	107,266	3,020	45,740	2,612,009	485,891	157,226	57,770
027 CORONARY CARE UNIT	120,674	3,627	46,375	3,316,380	616,920	291,991	77,704
031 SUBPROVIDER				50,451	9,385		
031 01 SUB II - REHAB	201,124	1,070	42,625	2,172,820	404,192	17,969	118,731
033 NURSERY	40,225	5,061	16,979	1,856,184	345,291	195,410	25,679
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	335,207	818,555	901,387	22,860,341	4,252,545	1,253,317	232,935
038 RECOVERY ROOM	187,716	3,340	142,764	2,575,882	479,171	197,656	61,510
039 DELIVERY ROOM & LABOR ROO	53,633	7,939	46,275	1,932,403	359,469	184,179	78,120
040 ANESTHESIOLOGY		20,619	262,626	819,416	152,429	676,072	6,056
<del>041 RADIOLOGY-DIAGNOSTIC</del>	<del>308,390</del>	<del>30,180</del>	<del>551,786</del>	<del>7,680,261</del>	<del>1,428,698</del>	<del>1,300,486</del>	<del>110,953</del>
041 01 NUCLEAR MEDICINE-DIAGNOST	13,408	17,924	69,858	778,542	144,826		7,273
041 02 CARDIAC CATHETERIZATION L	26,817	412,146	799,361	9,846,595	1,831,683	539,061	51,580
041 22 CT SCAN	107,266	12,802	467,626	1,690,962	314,556	20,215	8,535
041 23 ULTRASOUND	80,450	1,997	111,891	1,057,899	196,792	8,984	6,709
041 26 MRI	120,674	4,514	128,267	655,882	122,008	4,492	17,693
042 RADIOLOGY-THERAPEUTIC	147,491	3,086	288,043	5,171,301	961,976	80,859	
044 LABORATORY	831,312	280,837	846,737	9,620,271	1,789,582	368,358	96,644
046 WHOLE BLOOD & PACKED RED				3,023	562		3,266
048 INTRAVENOUS THERAPY	40,225	14,988	82,142	1,818,471	338,276	1,165,719	
049 RESPIRATORY THERAPY	107,266	11,371	147,158	2,133,384	396,856	601,951	18,584
050 PHYSICAL THERAPY	831,312	17,726	163,606	4,715,129	877,118	723,240	271,987
053 ELECTROCARDIOLOGY	160,899	1,619	150,247	1,136,514	211,417	433,495	41,294
055 MEDICAL SUPPLIES CHARGED			121,916	912,796	169,800		
056 DRUGS CHARGED TO PATIENTS			495,586	6,141,712	1,142,494		
058 01 RENAL DIALYSIS (IP)			7,537	322,504	59,993	24,707	
059 CARDIAC REHAB	93,858	228	11,031	467,913	87,042	278,515	27,193
059 01 OP PSY/CDU	160,899	1,048	68,869	1,455,115	270,683		174,111
059 02 RIMMS		5,919	7,733	629,175	117,040	33,691	58,646
059 03 GENETIC/OAK PLAZA CLINICS				15,037	2,797		
059 04 PAIN CLINIC				2,754	512		
059 05 DIABETES	67,041	38	3,561	256,687	47,749		7,333
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	335,207	23,840	458,866	5,202,768	967,829	345,897	128,913
062 OBSERVATION BEDS (NON-DIS							
063 INFUSION		16,579	136,851	2,429,275	451,899	123,535	
063 01 COMMUNITY HEALTH CENTERS		131		1,760,588	327,508	11,230	
063 02 RASC				1,517,346			
063 50 RHC		155	2,343	392,539	73,021	8,984	86,284
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	93,858	776	45,183	2,917,453	542,710	107,812	92,770
071 HOME HEALTH AGENCY	469,289	1,529		4,026,685	749,052	29,199	42,273
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	12,322,192	1,785,250	7,114,051	190,706,681	29,420,058	10,134,345	3,467,063
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				17,646	3,283		19,059
097 RESEARCH							
097 01 SENIOR ADVAN				17,506	3,257		
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFIC		27,680		8,050,180	1,497,511	327,929	414,244
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS							
099 NONPAID WORKERS	308,390	1,802		600,275	111,664	2,246	9,232
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	12,630,582	1,814,732	7,114,051	199,392,288	31,035,773	10,464,520	3,909,598



## COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0186  
 PERIOD: 1/ 1/2009 TO 12/31/2009  
 PREPARED 5/28/2010  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE		HOUSEKEEPING		DIETARY		CAFETERIA		NURSING ADMIN ISTRATION		CENTRAL SERVI CES & SUPPLY		PHARMACY	
	9	10	11	12	14	15	16							
001 GENERAL SERVICE COST CNTR														
002 OLD CAP REL COSTS-BLDG &														
003 OLD CAP REL COSTS-MVBLE E														
004 NEW CAP REL COSTS-BLDG &														
005 NEW CAP REL COSTS-MVBLE E														
006 EMPLOYEE BENEFITS														
006 01 COMMUNICATIONS														
006 02 DATA PROCESSING														
006 03 PURCHASING														
006 05 BUSINESS OFFICE														
006 06 ADMIN & GENERAL														
007 MAINTENANCE & REPAIRS														
008 OPERATION OF PLANT														
009 LAUNDRY & LINEN SERVICE	826,945													
010 HOUSEKEEPING		3,040,706												
011 DIETARY	5,422	139,142	2,215,641											
012 CAFETERIA		127,320		1,554,787										
014 NURSING ADMINISTRATION				54,710	1,465,556									
015 CENTRAL SERVICES & SUPPLY	40,813	86,787		17,557	19,011	1,225,190								
016 PHARMACY		32,225		53,391									1,454,698	
017 MEDICAL RECORDS & LIBRARY		77,294												
018 SOCIAL SERVICE		7,232		29,405										
022 I&R SERVICES-SALARY & FRI														
024 PARAMED ED PRGM-(SPECIFY)		2,206				10,289							13	
025 INPAT ROUTINE SRVC CNTRS														
026 ADULTS & PEDIATRICS	361,291	868,612	1,870,340	502,010	577,481								340	
027 INTENSIVE CARE UNIT	44,449	53,009	60,858	55,495	60,093								1,557	
027 CORONARY CARE UNIT	53,873	71,301	85,094	66,663	72,186								908	
031 SUBPROVIDER														
031 01 SUB II - REHAB	51,822	108,946	166,123	48,793	52,835								11	
033 NURSERY		23,563		30,596	33,130								224	
037 ANCILLARY SRVC COST CNTRS														
038 OPERATING ROOM	46,969	213,739		112,274	121,575								39,236	
038 RECOVERY ROOM	22,982	56,441		38,508	41,698								11,104	
039 DELIVERY ROOM & LABOR ROO		71,682		38,707	41,914								327	
040 ANESTHESIOLOGY	2,897	5,557		3,789	4,103								16,072	
041 RADIOLOGY-DIAGNOSTIC	49,165	101,810		68,925									99,350	
041 01 NUCLEAR MEDICINE-DIAGNOST	5,164	6,674		4,881									1,384	
041 02 CARDIAC CATHETERIZATION L	13,545	47,330		26,187	28,357								12,660	
041 22 CT SCAN	7,990	7,832		16,731									1,134	
041 23 ULTRASOUND	5,892	6,156		12,665									431	
041 26 MRI	2,772	16,235		5,394									217	
042 RADIOLOGY-THERAPEUTIC				17,153									738,547	
044 LABORATORY		88,680		88,729									59	
046 WHOLE BLOOD & PACKED RED		2,996												
048 INTRAVENOUS THERAPY				4,348	4,708								118,480	
049 RESPIRATORY THERAPY	2,517	17,052		35,485	38,425								1,252	
050 PHYSICAL THERAPY	20,148	249,573		32,648	73,512								316	
053 ELECTROCARDIOLOGY	2,720	37,891		19,103	20,685								668	
055 MEDICAL SUPPLIES CHARGED						1,225,190								
056 DRUGS CHARGED TO PATIENTS														
058 01 RENAL DIALYSIS (IP)														
059 CARDIAC REHAB		24,952		7,110	7,699									
059 01 OP PSY/CDU		159,763			38,512									
059 02 RIMMS	1,051	53,813												
059 03 GENETIC/OAK PLAZA CLINICS													6,806	
059 04 PAIN CLINIC														
059 05 DIABETES		6,728												
061 OUTPAT SERVICE COST CNTRS														
062 EMERGENCY	65,160	118,290	14,871	95,471	103,381								7,623	
062 OBSERVATION BEDS (NON-DIS														
063 INFUSION				15,150									311,951	
063 01 COMMUNITY HEALTH CENTERS	2,252			18,136										
063 02 RASC														
063 50 RHC													213	
065 OTHER REIMBURS COST CNTRS														
065 AMBULANCE SERVICES	7,975	85,125			105,605								13	
071 HOME HEALTH AGENCY		38,790											1,018	
095 SPEC PURPOSE COST CENTERS														
095 SUBTOTALS	816,869	3,014,746	2,197,286	1,520,014	1,455,199	1,225,190	1,371,914							
096 NONREIMBURS COST CENTERS														
097 GIFT, FLOWER, COFFEE SHOP		17,488												
097 RESEARCH														
097 01 SENIOR ADVAN														
097 02 CARE-A-VAN														
098 PHYSICIANS' PRIVATE OFFIC	10,076			34,773	10,357								65,024	
098 01 REFERENCE LAB														
098 02 MEALS ON WHEELS			18,355											
099 NONPAID WORKERS		8,472											17,760	
101 CROSS FOOT ADJUSTMENT														
102 NEGATIVE COST CENTER														
103 TOTAL	826,945	3,040,706	2,215,641	1,554,787	1,465,556	1,225,190	1,454,698							

## COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0186  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/28/2010  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	I&R SERVICES~ SALARY & FRI	PARAMED ED PR GM--(SPECIFY)	SUBTOTAL	I&R COST POST STEP- DOWN ADJ 26	TOTAL
		17	18	22	24	25		27
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS							
006	02 DATA PROCESSING							
006	03 PURCHASING							
006	05 BUSINESS OFFICE							
006	06 ADMIN & GENERAL							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY	3,263,140						
018	SOCIAL SERVICE		942,351					
022	I&R SERVICES-SALARY & FRI							
024	PARAMED ED PRGM--(SPECIFY)							
	INPAT ROUTINE SRVC CNTRS				866,102			
025	ADULTS & PEDIATRICS	202,834	560,384					
026	INTENSIVE CARE UNIT	20,985	21,193		246,155	32,576,369		32,576,369
027	CORONARY CARE UNIT	21,277	16,067		72,935	3,703,470		3,703,470
031	SUBPROVIDER				145,870	4,836,234		4,836,234
031	01 SUB II - REHAB	19,556	323,711			59,836		59,836
033	NURSERY	7,790			9,117	3,494,626		3,494,626
	ANCILLARY SRVC COST CNTRS					2,517,867		2,517,867
037	OPERATING ROOM	413,229						
038	RECOVERY ROOM		17,053		36,467	29,599,680		29,599,680
039	DELIVERY ROOM & LABOR ROO	65,500				3,550,452		3,550,452
040	ANESTHESIOLOGY	21,231				2,728,032		2,728,032
041	RADIOLOGY-DIAGNOSTIC	120,492				1,806,883		1,806,883
041	01 NUCLEAR MEDICINE-DIAGNOST	253,159				11,092,807		11,092,807
041	02 CARDIAC CATHETERIZATION L	32,051				980,795		980,795
041	22 CT SCAN	366,745				12,763,743		12,763,743
041	23 ULTRASOUND	214,546				2,282,501		2,282,501
041	26 MRI	51,336				1,346,864		1,346,864
042	RADIOLOGY-THERAPEUTIC	58,849				883,542		883,542
044	LABORATORY	132,154				7,101,990		7,101,990
046	WHOLE BLOOD & PACKED RED	388,482				12,440,805		12,440,805
048	INTRAVENOUS THERAPY					9,847		9,847
049	RESPIRATORY THERAPY	37,687				3,487,689		3,487,689
050	PHYSICAL THERAPY	67,516			63,818	3,376,840		3,376,840
053	ELECTROCARDIOLOGY	75,062				7,038,733		7,038,733
055	MEDICAL SUPPLIES CHARGED	68,933				1,972,720		1,972,720
056	DRUGS CHARGED TO PATIENTS	55,935				2,363,721		2,363,721
058	01 RENAL DIALYSIS (IP)	227,374				7,511,580		7,511,580
059	CARDIAC REHAB	3,458				410,662		410,662
059	01 OP PSY/CDU	5,061				905,485		905,485
059	02 RIMMS	31,597				2,129,781		2,129,781
059	03 GENETIC/OAK PLAZA CLINICS	3,548				903,770		903,770
059	04 PAIN CLINIC					17,834		17,834
059	05 DIABETES					3,266		3,266
	OUTPAT SERVICE COST CNTRS	1,634				320,131		320,131
061	EMERGENCY							
062	OBSERVATION BEDS (NON-DIS	210,527			291,740	7,552,470		7,552,470
063	INFUSION							
063	01 COMMUNITY HEALTH CENTERS	62,787				3,394,597		3,394,597
063	02 RASC					2,119,714		2,119,714
063	50 RHC					1,517,346		1,517,346
	OTHER REIMBURS COST CNTRS	1,075				562,116		562,116
065	AMBULANCE SERVICES							
071	HOME HEALTH AGENCY	20,730				3,880,193		3,880,193
	SPEC PURPOSE COST CENTERS					4,887,017		4,887,017
095	SUBTOTALS	3,263,140	938,408		866,102	188,132,008		188,132,008
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP					57,476		57,476
097	RESEARCH							
097	01 SENIOR ADVAN					20,763		20,763
097	02 CARE-A-VAN							
098	PHYSICIANS' PRIVATE OFFIC							
098	01 REFERENCE LAB					10,410,094		10,410,094
098	02 MEALS ON WHEELS							
099	NONPAID WORKERS		3,943			18,355		18,355
101	CROSS FOOT ADJUSTMENT					753,592		753,592
102	NEGATIVE COST CENTER							
103	TOTAL	3,263,140	942,351		866,102	199,392,288		199,392,288

## ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET B  
 I I TO 12/31/2009 I PART II

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS 0	OLD CAP REL OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		13,438				13,438	13,438
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING		43,503	2,604,051			2,647,554	298
006 03 PURCHASING		89,189				89,189	103
006 05 BUSINESS OFFICE		51,480				51,480	624
006 06 ADMIN & GENERAL		241,732				241,732	934
007 MAINTENANCE & REPAIRS		70,216				70,216	225
008 OPERATION OF PLANT		631,219				631,219	98
009 LAUNDRY & LINEN SERVICE		19,031				19,031	84
010 HOUSEKEEPING		11,578				11,578	280
011 DIETARY		48,715				48,715	96
012 CAFETERIA		44,576				44,576	187
014 NURSING ADMINISTRATION							9
015 CENTRAL SERVICES & SUPPLY		30,385				30,385	47
016 PHARMACY		11,282				11,282	
017 MEDICAL RECORDS & LIBRARY		27,061				27,061	196
018 SOCIAL SERVICE		2,532				2,532	138
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM-(SPECIFY)		772				772	159
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		286,603				286,603	2,524
026 INTENSIVE CARE UNIT		18,559				18,559	239
027 CORONARY CARE UNIT		24,963				24,963	412
031 SUBPROVIDER		17,505				17,505	
031 01 SUB II - REHAB		38,143				38,143	227
033 NURSERY		8,249				8,249	162
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		74,831				74,831	679
038 RECOVERY ROOM		19,760				19,760	231
039 DELIVERY ROOM & LABOR ROO		25,096				25,096	195
040 ANESTHESIOLOGY		1,946				1,946	17
041 RADIOLOGY-DIAGNOSTIC		35,644				35,644	466
041 01 NUCLEAR MEDICINE-DIAGNOST		2,337				2,337	26
041 02 CARDIAC CATHETERIZATION L		16,570				16,570	152
041 22 CT SCAN		2,742				2,742	72
041 23 ULTRASOUND		2,155				2,155	82
041 26 MRI		5,684				5,684	27
042 RADIOLOGY-THERAPEUTIC							83
044 LABORATORY		31,047				31,047	352
046 WHOLE BLOOD & PACKED RED		1,049				1,049	
048 INTRAVENOUS THERAPY							43
049 RESPIRATORY THERAPY		5,970				5,970	215
050 PHYSICAL THERAPY		87,377				87,377	359
053 ELECTROCARDIOLOGY		13,266				13,266	87
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 01 RENAL DIALYSIS (IP)							299
059 CARDIAC REHAB		8,736				8,736	44
059 01 OP PSY/CDU		55,934				55,934	137
059 02 RIMMS		18,840				18,840	68
059 03 GENETIC/OAK PLAZA CLINICS							
059 04 PAIN CLINIC							
059 05 DIABETES		2,356				2,356	23
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		41,414				41,414	451
063 OBSERVATION BEDS (NON-DIS							
063 INFUSION							
063 01 COMMUNITY HEALTH CENTERS							79
063 02 RASC							132
063 50 RHC		27,719				27,719	38
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES		29,803				29,803	366
071 HOME HEALTH AGENCY		13,581				13,581	429
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		2,254,588	2,604,051			4,858,639	12,194
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP		6,123				6,123	
097 RESEARCH							
097 01 SENIOR ADVAN							10
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFIC		133,078				133,078	1,185
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS							
099 NONPAID WORKERS		2,966				2,966	49
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		2,396,755	2,604,051			5,000,806	13,438

## ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO:

14-0186

I PERIOD:

I FROM 1/ 1/2009

I TO 12/31/2009

I PREPARED 5/28/2010

I WORKSHEET B

I PART II

COST CENTER		COMMUNICATION	DATA	PROCESSI	PURCHASING	BUSINESS OFFI	ADMIN & GENE	MAINTENANCE &	OPERATION OF
DESCRIPTION		S	NG			CE	AL	REPAIRS	PLANT
		6.01	6.02	6.03	6.05	6.06	7	8	
001	GENERAL SERVICE COST CNTR								
002	OLD CAP REL COSTS-BLDG &								
003	OLD CAP REL COSTS-MVBLE E								
004	NEW CAP REL COSTS-BLDG &								
005	NEW CAP REL COSTS-MVBLE E								
005	EMPLOYEE BENEFITS								
006	01 COMMUNICATIONS								
006	02 DATA PROCESSING		2,647,852						
006	03 PURCHASING		42,163	131,455					
006	05 BUSINESS OFFICE		407,578	49	459,731				
006	06 ADMIN & GENERAL		413,198	326	63	656,253			
007	MAINTENANCE & REPAIRS		59,029	256		34,702	164,428		
008	OPERATION OF PLANT		47,785	6		12,965			692,073
009	LAUNDRY & LINEN SERVICE			2		2,546			10,486
010	HOUSEKEEPING		16,865	108		9,964			6,380
011	DIETARY		28,109	33		6,365			26,843
012	CAFETERIA					4,274			24,562
014	NURSING ADMINISTRATION		30,920	66		4,679			
015	CENTRAL SERVICES & SUPPLY		14,054	614		2,937	1,271		16,743
016	PHARMACY		53,407	1,841		4,424			6,217
017	MEDICAL RECORDS & LIBRARY		81,516	3		10,285			14,911
018	SOCIAL SERVICE		59,029	1		2,977			1,395
022	I&R SERVICES-SALARY & FRI								
024	PARAMED ED PRGM-(SPECIFY)			6		1,996	3,917		426
	INPAT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS		272,656	1,224	28,557	85,624	9,741		167,569
026	INTENSIVE CARE UNIT		22,487	219	2,954	10,273	2,470		10,226
027	CORONARY CARE UNIT		25,298	263	2,996	13,043	4,588		13,755
031	SUBPROVIDER					198			
031	01 SUB II - REHAB		42,163	78	2,753	8,546	282		21,018
033	NURSERY		8,433	367	1,097	7,300	3,070		4,546
	ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM		70,272	59,287	58,433	89,982	19,693		41,234
038	RECOVERY ROOM		39,352	242	9,222	10,131	3,106		10,888
039	DELIVERY ROOM & LABOR ROO		11,244	575	2,989	7,600	2,894		13,829
040	ANESTHESIOLOGY			1,494	16,964	3,223	10,623		1,072
041	RADIOLOGY-DIAGNOSTIC		64,650	2,186	35,642	30,206	20,437		19,641
041	01 NUCLEAR MEDICINE-DIAGNOST		2,811	1,298	4,512	3,062			1,287
041	02 CARDIAC CATHETERIZATION L		5,622	29,857	51,633	38,727	8,470		9,131
041	22 CT SCAN		22,487	927	30,206	6,651	318		1,511
041	23 ULTRASOUND		16,865	145	7,227	4,161	141		1,188
041	26 MRI		25,298	327	8,285	2,580	71		3,132
042	RADIOLOGY-THERAPEUTIC		30,920	224	18,606	20,339	1,271		
044	LABORATORY		174,275	20,344	54,694	37,837	5,788		17,108
046	WHOLE BLOOD & PACKED RED					12			578
048	INTRAVENOUS THERAPY		8,433	1,086	5,306	7,152	18,317		
049	RESPIRATORY THERAPY		22,487	824	9,505	8,391	9,458		3,290
050	PHYSICAL THERAPY		174,275	1,284	10,568	18,545	11,364		48,147
053	ELECTROCARDIOLOGY		33,731	117	9,705	4,470	6,811		7,310
055	MEDICAL SUPPLIES CHARGED				7,875	3,590			
056	DRUGS CHARGED TO PATIENTS				32,012	24,155			
058	01 RENAL DIALYSIS (IP)				487	1,268	388		
059	CARDIAC REHAB		19,676	17	713	1,840	4,376		4,814
059	01 OP PSY/CDO		33,731	76	4,448	5,723			30,821
059	02 RIMMS			429	500	2,475	529		10,381
059	03 GENETIC/OAK PLAZA CLINICS					59			
059	04 PAIN CLINIC					11			
059	05 DIABETES		14,054	3	230	1,010			1,298
	OUTPAT SERVICE COST CNTRS								
061	EMERGENCY		70,272	1,727	29,640	20,462	5,435		22,820
062	OBSERVATION BEDS (NON-DIS								
063	INFUSION			1,201	8,840	9,554	1,941		
063	01 COMMUNITY HEALTH CENTERS			9		6,924	176		
063	02 RASC								
063	50 RHC			11	151	1,544	141		15,274
	OTHER REIMBURS COST CNTRS								
065	AMBULANCE SERVICES		19,676	56	2,918	11,474	1,694		16,422
071	HOME HEALTH AGENCY		98,381	111		15,837	459		7,483
	SPEC PURPOSE COST CENTERS								
095	SUBTOTALS		2,583,202	129,319	459,731	622,093	159,240		613,736
	NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP					69			3,374
097	RESEARCH								
097	01 SENIOR ADVAN					69			
097	02 CARE-A-VAN								
098	PHYSICIANS' PRIVATE OFFIC			2,005		31,661	5,153		73,329
098	01 REFERENCE LAB								
098	02 MEALS ON WHEELS								
099	NONPAID WORKERS		64,650	131		2,361	35		1,634
101	CROSS FOOT ADJUSTMENTS								
102	NEGATIVE COST CENTER								
103	TOTAL		2,647,852	131,455	459,731	656,253	164,428		692,073

## ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET B  
 I I TO 12/31/2009 I PART II

COST CENTER DESCRIPTION	LAUNDRY & LIN HOUSEKEEPING DIETARY CAFETERIA NURSING ADMIN CENTRAL SERVI PHARMACY						
	EN SERVICE				ISTRATION	CES & SUPPLY	
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 05 BUSINESS OFFICE							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	32,149						
010 HOUSEKEEPING		45,175					
011 DIETARY	211	2,067	112,439				
012 CAFETERIA		1,892		75,491			
014 NURSING ADMINISTRATION				2,656	38,330		
015 CENTRAL SERVICES & SUPPLY	1,587	1,289		852	497	70,276	
016 PHARMACY		479		2,592			80,242
017 MEDICAL RECORDS & LIBRARY		1,148					
018 SOCIAL SERVICE		107		1,428			
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM-(SPECIFY)		33			269		1
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	14,044	12,905	94,917	24,374	15,103		19
026 INTENSIVE CARE UNIT	1,728	788	3,088	2,695	1,572		86
027 CORONARY CARE UNIT	2,094	1,059	4,318	3,237	1,888		50
031 SUBPROVIDER							
031 01 SUB II - REHAB	2,015	1,619	8,430	2,369	1,382		1
033 NURSERY		350		1,486	866		12
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,826	3,175		5,451	3,180		2,164
038 RECOVERY ROOM	893	839		1,870	1,091		613
039 DELIVERY ROOM & LABOR ROO		1,065		1,879	1,096		18
040 ANESTHESIOLOGY	113	83		184	107		887
041 RADIOLOGY-DIAGNOSTIC	1,911	1,513		3,347			5,480
041 01 NUCLEAR MEDICINE-DIAGNOST	201	99		237			76
041 02 CARDIAC CATHETERIZATION L	527	703		1,271	742		698
041 22 CT SCAN	311	116		812			63
041 23 ULTRASOUND	229	91		615			24
041 26 MRI	108	241		262			12
042 RADIOLOGY-THERAPEUTIC				833			40,739
044 LABORATORY		1,317		4,308			3
046 WHOLE BLOOD & PACKED RED		45					
048 INTRAVENOUS THERAPY				211	123		6,535
049 RESPIRATORY THERAPY	98	253		1,723	1,005		69
050 PHYSICAL THERAPY	783	3,708		1,585	1,923		17
053 ELECTROCARDIOLOGY	106	563		928	541		37
055 MEDICAL SUPPLIES CHARGED						70,276	
056 DRUGS CHARGED TO PATIENTS							
058 01 RENAL DIALYSIS (IP)							
059 CARDIAC REHAB		371		345	201		
059 01 OP PSY/CDU		2,374			1,007		
059 02 RIMMS	41	799					375
059 03 GENETIC/OAK PLAZA CLINICS							
059 04 PAIN CLINIC							
059 05 DIABETES		100					
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	2,533	1,757	755	4,636	2,704		420
062 OBSERVATION BEDS (NON-DIS							
063 INFUSION				736			17,207
063 01 COMMUNITY HEALTH CENTERS	88			881			
063 02 RASC							
063 50 RHC							12
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	310	1,265			2,762		1
071 HOME HEALTH AGENCY		576					56
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	31,757	44,789	111,508	73,803	38,059	70,276	75,675
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		260					
097 RESEARCH							
097 01 SENIOR ADVAN							
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFIC	392			1,688	271		3,587
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS			931				
099 NONPAID WORKERS		126					980
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	32,149	45,175	112,439	75,491	38,330	70,276	80,242

## ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET B  
 I TO 12/31/2009 I PART II

COST CENTER DESCRIPTION		MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	I&R SERVICES- SALARY & FRI	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		17	18	22	25	26	27
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
006	01 COMMUNICATIONS						
006	02 DATA PROCESSING						
006	03 PURCHASING						
006	05 BUSINESS OFFICE						
006	06 ADMIN & GENERAL						
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY	135,120					
018	SOCIAL SERVICE		67,607				
022	I&R SERVICES-SALARY & FRI						
024	PARAMED ED PRGM-(SPECIFY)				7,579		
	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS	8,383	40,204		1,064,447		1,064,447
026	INTENSIVE CARE UNIT	867	1,520		79,771		79,771
027	CORONARY CARE UNIT	879	1,153		99,996		99,996
031	SUBPROVIDER				17,703		17,703
031	01 SUB II - REHAB	808	23,224		153,058		153,058
033	NURSERY	322			36,260		36,260
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	17,336	1,223		448,766		448,766
038	RECOVERY ROOM	2,707			100,945		100,945
039	DELIVERY ROOM & LABOR ROO	877			69,357		69,357
040	ANESTHESIOLOGY	4,980			41,693		41,693
041	RADIOLOGY-DIAGNOSTIC	10,463			231,586		231,586
041	01 NUCLEAR MEDICINE-DIAGNOST	1,325			17,271		17,271
041	02 CARDIAC CATHETERIZATION L	15,157			179,260		179,260
041	22 CT SCAN	8,867			75,083		75,083
041	23 ULTRASOUND	2,122			35,045		35,045
041	26 MRI	2,432			48,459		48,459
042	RADIOLOGY-THERAPEUTIC	5,462			118,477		118,477
044	LABORATORY	16,055			363,128		363,128
046	WHOLE BLOOD & PACKED RED				1,684		1,684
048	INTRAVENOUS THERAPY	1,558			48,764		48,764
049	RESPIRATORY THERAPY	2,790			66,078		66,078
050	PHYSICAL THERAPY	3,102			363,037		363,037
053	ELECTROCARDIOLOGY	2,849			80,521		80,521
055	MEDICAL SUPPLIES CHARGED	2,312			84,053		84,053
056	DRUGS CHARGED TO PATIENTS	9,397			65,863		65,863
058	01 RENAL DIALYSIS (IP)	143			2,286		2,286
059	CARDIAC REHAB	209			41,342		41,342
059	01 OP PSY/CDU	1,306			135,557		135,557
059	02 RIMMS	147			34,584		34,584
059	03 GENETIC/OAK PLAZA CLINICS				59		59
059	04 PAIN CLINIC				11		11
059	05 DIABETES	68			19,142		19,142
	OUTPAT SERVICE COST CNTRS						
061	EMERGENCY	8,701			213,727		213,727
062	OBSERVATION BEDS (NON-DIS						
063	INFUSION	2,595			42,153		42,153
063	01 COMMUNITY HEALTH CENTERS				8,210		8,210
063	02 RASC						
063	50 RHC	44			44,934		44,934
	OTHER REIMBURS COST CNTRS						
065	AMBULANCE SERVICES	857			87,604		87,604
071	HOME HEALTH AGENCY				136,913		136,913
	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS	135,120	67,324		4,656,827		4,656,827
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP				9,826		9,826
097	RESEARCH						
097	01 SENIOR ADVAN				79		79
097	02 CARE-A-VAN						
098	PHYSICIANS' PRIVATE OFFIC				252,349		252,349
098	01 REFERENCE LAB						
098	02 MEALS ON WHEELS				931		931
099	NONPAID WORKERS		283		73,215		73,215
101	CROSS FOOT ADJUSTMENTS				7,579		7,579
102	NEGATIVE COST CENTER						
103	TOTAL	135,120	67,607		7,579	5,000,806	5,000,806

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET B  
 I I TO 12/31/2009 I PART III

	COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
		0	1	2	3	4	4a	5
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS				25,291	54,028	79,319	79,319
006	01 COMMUNICATIONS				1,508		1,508	
006	02 DATA PROCESSING	2,489			81,876	3,445,186	3,529,551	1,757
006	03 PURCHASING	217,176			167,862	310,220	695,258	610
006	05 BUSINESS OFFICE				96,890	131,039	227,929	3,685
006	06 ADMIN & GENERAL				454,961	186,761	641,722	5,517
007	MAINTENANCE & REPAIRS	1,031			132,152	417,382	550,565	1,327
008	OPERATION OF PLANT				1,188,010	613,056	1,801,066	577
009	LAUNDRY & LINEN SERVICE				35,818	2,800	38,618	497
010	HOUSEKEEPING				21,790	46,025	67,815	1,654
011	DIETARY	3,266			91,685	97,318	192,269	565
012	CAFETERIA				83,895		83,895	1,107
014	NURSING ADMINISTRATION	133,303				37,294	170,597	52
015	CENTRAL SERVICES & SUPPLY				57,187	45,075	102,262	276
016	PHARMACY	59,569			21,234	341,434	422,237	
017	MEDICAL RECORDS & LIBRARY	69,244			50,931	136,777	256,952	1,157
018	SOCIAL SERVICE				4,766	45	4,811	817
022	I&R SERVICES-SALARY & FRI							
024	PARAMED ED PRGM-(SPECIFY)							
	INPAT ROUTINE SRVC CNTRS				1,454	1,971	3,425	939
025	ADULTS & PEDIATRICS	61,031			539,413	124,987	725,431	14,887
026	INTENSIVE CARE UNIT	206			34,929	26,773	61,908	1,410
027	CORONARY CARE UNIT	2,062			46,982	13,542	62,586	2,434
031	SUBPROVIDER				32,946		32,946	
031	01 SUB II - REHAB	206			71,788	13,015	85,009	1,338
033	NURSERY				15,526	11,620	27,146	957
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	17,760			140,839	898,124	1,056,723	4,010
038	RECOVERY ROOM				37,191	51,522	88,713	1,362
039	DELIVERY ROOM & LABOR ROO				47,234	124,856	172,090	1,152
040	ANESTHESIOLOGY	20,724			3,662	3,204	27,590	100
041	RADIOLOGY-DIAGNOSTIC	3,711			89,423	1,335,019	1,428,153	2,753
041	01 NUCLEAR MEDICINE-DIAGNOST				4,398	140,224	144,622	151
041	02 CARDIAC CATHETERIZATION L	412			31,187	772,396	803,995	895
041	22 CT SCAN				5,160	216,985	222,145	427
041	23 ULTRASOUND				4,057	160,010	164,067	486
041	26 MRI				10,698	75,262	85,960	158
042	RADIOLOGY-THERAPEUTIC					18,645	18,645	491
044	LABORATORY	206			58,434	155,879	214,519	2,076
046	WHOLE BLOOD & PACKED RED				1,974		1,974	
048	INTRAVENOUS THERAPY							255
049	RESPIRATORY THERAPY	8,654			11,236	52,143	72,033	1,269
050	PHYSICAL THERAPY	137,731			164,452	27,642	329,825	2,120
053	ELECTROCARDIOLOGY				24,967	82,840	107,807	512
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							1,768
058	01 RENAL DIALYSIS (IP)					721	721	
059	CARDIAC REHAB	1,237			16,442	15,406	33,085	262
059	01 OP PSY/CDU				105,273	17,235	122,508	806
059	02 RIMMS				35,459	7,620	43,079	399
059	03 GENETIC/OAK PLAZA CLINICS							
059	04 PAIN CLINIC					2,754	2,754	
059	05 DIABETES				4,433	432	4,865	135
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	3,092			77,945	123,305	204,342	2,664
062	OBSERVATION BEDS (NON-DIS							
063	INFUSION	16,113				15,730	31,843	469
063	01 COMMUNITY HEALTH CENTERS				265,372	3,959	269,331	777
063	02 RASC							
063	50 RHC				52,170	1,658	53,828	224
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	1,157			56,092	68,399	125,648	2,161
071	HOME HEALTH AGENCY				25,560	54,251	79,811	2,531
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	760,380			4,532,552	10,482,569	15,775,501	71,976
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				11,523		11,523	
097	RESEARCH							
097	01 SENIOR ADVAN					956	956	57
097	02 CARE-A-VAN							
098	PHYSICIANS' PRIVATE OFFIC	100,090			578,713	230,335	909,138	6,995
098	01 REFERENCE LAB							
098	02 MEALS ON WHEELS							
099	NONPAID WORKERS				329,783	5,597	335,380	291
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	860,470			5,452,571	10,719,457	17,032,498	79,319

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO:

I 14-0186

I PERIOD:

I FROM 1/ 1/2009

I TO 12/31/2009

I PREPARED 5/28/2010

I WORKSHEET B

I PART III

COST CENTER DESCRIPTION		COMMUNICATIONS	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
		6.01	6.02	6.03	6.05	6.06	7	8
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS	1,508						
006	02 DATA PROCESSING	105	3,531,413					
006	03 PURCHASING	20	56,233	752,121				
006	05 BUSINESS OFFICE	60	543,583	279	775,536			
006	06 ADMIN & GENERAL	291	551,080	1,868	107	1,200,585		
007	MAINTENANCE & REPAIRS	51	78,726	1,466		63,492	695,627	
008	OPERATION OF PLANT	22	63,730	32		23,721		1,889,148
009	LAUNDRY & LINEN SERVICE	1		14		4,658		28,625
010	HOUSEKEEPING	11	22,493	616		18,230		17,414
011	DIETARY	18	37,488	191		11,646		73,273
012	CAFETERIA					7,819		67,047
014	NURSING ADMINISTRATION	21	41,237	376		8,560		
015	CENTRAL SERVICES & SUPPLY	5	18,744	3,511		5,373	5,375	45,702
016	PHARMACY	13	71,228	10,533		8,094		16,970
017	MEDICAL RECORDS & LIBRARY	67	108,717	15		18,819		40,703
018	SOCIAL SERVICE	12	78,726	3		5,447		3,809
022	I&R SERVICES-SALARY & FRI							
024	PARAMED ED PRGM--(SPECIFY)			33		3,652	16,573	1,162
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	215	363,638	7,001	48,182	156,661	41,209	457,419
026	INTENSIVE CARE UNIT	13	29,991	1,252	4,985	18,796	10,452	27,915
027	CORONARY CARE UNIT	12	33,740	1,503	5,054	23,865	19,410	37,547
031	SUBPROVIDER					363		
031	01 SUB II - REHAB	18	56,233	443	4,645	15,636	1,194	57,372
033	NURSERY	5	11,247	2,098	1,850	13,357	12,990	12,408
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	35	93,721	339,245	98,456	164,511	83,314	112,556
038	RECOVERY ROOM	28	52,484	1,384	15,559	18,536	13,139	29,722
039	DELIVERY ROOM & LABOR ROO	8	14,995	3,291	5,043	13,906	12,243	37,748
040	ANESTHESIOLOGY	1		8,546	28,622	5,897	44,942	2,926
041	RADIOLOGY-DIAGNOSTIC	21	86,223	12,508	60,136	55,267	86,450	53,613
041	01 NUCLEAR MEDICINE-DIAGNOST	3	3,749	7,429	7,613	5,602		3,514
041	02 CARDIAC CATHETERIZATION L	7	7,498	170,818	87,118	70,856	35,834	24,924
041	22 CT SCAN	8	29,991	5,306	50,964	12,168	1,344	4,124
041	23 ULTRASOUND	5	22,493	828	12,194	7,613	597	3,242
041	26 MRI	8	33,740	1,871	13,979	4,720	299	8,549
042	RADIOLOGY-THERAPEUTIC	21	41,237	1,279	31,392	37,213	5,375	
044	LABORATORY	43	232,428	116,396	92,281	69,227	24,487	46,699
046	WHOLE BLOOD & PACKED RED					22		1,578
048	INTRAVENOUS THERAPY	3	11,247	6,212	8,952	13,086	77,491	
049	RESPIRATORY THERAPY	9	29,991	4,713	16,038	15,352	40,015	8,980
050	PHYSICAL THERAPY	38	232,428	7,347	17,830	33,930	48,077	131,426
053	ELECTROCARDIOLOGY	21	44,986	671	16,375	8,178	28,816	19,953
055	MEDICAL SUPPLIES CHARGED				13,287	6,568		
056	DRUGS CHARGED TO PATIENTS				54,011	44,196		
058	01 RENAL DIALYSIS (IP)				821	2,321	1,642	
059	CARDIAC REHAB	5	26,242	95	1,202	3,367	18,514	13,140
059	01 OP PSY/CDU		44,986	434	7,506	10,471		84,132
059	02 RIMMS	16		2,453	843	4,528	2,240	28,338
059	03 GENETIC/OAK PLAZA CLINICS	24				108		
059	04 PAIN CLINIC					20		
059	05 DIABETES	5	18,744	16	388	1,847		3,543
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	70	93,721	9,881	50,009	37,439	22,993	62,292
062	OBSERVATION BEDS (NON-DIS							
063	INFUSION			6,871	14,915	17,481	8,212	
063	01 COMMUNITY HEALTH CENTERS	3		54		12,669	747	
063	02 RASC							
063	50 RHC	5		64	255	2,825	597	41,693
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	5	26,242	322	4,924	20,994	7,167	44,827
071	HOME HEALTH AGENCY	25	131,210	634		28,976	1,941	20,427
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	1,377	3,445,190	739,902	775,536	1,138,083	673,679	1,675,312
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP					127		9,209
097	RESEARCH							
097	01 SENIOR ADVAN					126		
097	02 CARE-A-VAN							
098	PHYSICIANS' PRIVATE OFFIC	63		11,472		57,929	21,799	200,166
098	01 REFERENCE LAB							
098	02 MEALS ON WHEELS							
099	NONPAID WORKERS	68	86,223	747		4,320	149	4,461
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	1,508	3,531,413	752,121	775,536	1,200,585	695,627	1,889,148



## ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0186  
 I PERIOD: 1/ 1/2009  
 I FROM 12/31/2009  
 I TO 12/31/2009  
 I PREPARED 5/28/2010  
 I WORKSHEET B  
 I PART III

COST CENTER DESCRIPTION		LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
		9	10	11	12	14	15	16
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS							
006	02 DATA PROCESSING							
006	03 PURCHASING							
006	05 BUSINESS OFFICE							
006	06 ADMIN & GENERAL							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE	72,413						
010	HOUSEKEEPING		128,233					
011	DIETARY	475	5,868	321,793				
012	CAFETERIA		5,369		165,237			
014	NURSING ADMINISTRATION				5,814	226,657		
015	CENTRAL SERVICES & SUPPLY	3,574	3,660		1,866	2,940	193,288	
016	PHARMACY		1,359		5,674			536,108
017	MEDICAL RECORDS & LIBRARY		3,260					
018	SOCIAL SERVICE		305		3,125			
022	I&R SERVICES-SALARY & FRI							
024	PARAMED ED PRGM-(SPECIFY)		93			1,591		5
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	31,638	36,630	271,642	53,351	89,311		125
026	INTENSIVE CARE UNIT	3,892	2,236	8,839	5,898	9,294		574
027	CORONARY CARE UNIT	4,718	3,007	12,359	7,085	11,164		335
031	SUBPROVIDER							
031	01 SUB II - REHAB	4,538	4,594	24,127	5,186	8,171		4
033	NURSERY		994		3,252	5,124		83
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	4,113	9,014		11,932	18,802		14,460
038	RECOVERY ROOM	2,012	2,380		4,092	6,449		4,092
039	DELIVERY ROOM & LABOR ROO		3,023		4,114	6,482		121
040	ANESTHESIOLOGY	254	234		403	635		5,923
041	RADIOLOGY-DIAGNOSTIC	4,305	4,294		7,325			36,614
041	01 NUCLEAR MEDICINE-DIAGNOST	452	281		519			510
041	02 CARDIAC CATHETERIZATION L	1,186	1,996		2,783	4,386		4,666
041	22 CT SCAN	700	330		1,778			418
041	23 ULTRASOUND	516	260		1,346			159
041	26 MRI	243	685		573			80
042	RADIOLOGY-THERAPEUTIC				1,823			272,181
044	LABORATORY		3,740		9,430			22
046	WHOLE BLOOD & PACKED RED		126					
048	INTRAVENOUS THERAPY				462	728		43,664
049	RESPIRATORY THERAPY	220	719		3,771	5,943		461
050	PHYSICAL THERAPY	1,764	10,525		3,470	11,369		116
053	ELECTROCARDIOLOGY	238	1,598		2,030	3,199		246
055	MEDICAL SUPPLIES CHARGED						193,288	
056	DRUGS CHARGED TO PATIENTS							
058	01 RENAL DIALYSIS (IP)							
059	CARDIAC REHAB		1,052		756	1,191		
059	01 OP PSY/CDU		6,738			5,956		
059	02 RIMMS	92	2,269					2,508
059	03 GENETIC/OAK PLAZA CLINICS							
059	04 PAIN CLINIC							
059	05 DIABETES		284					
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	5,706	4,989	2,160	10,146	15,988		2,809
062	OBSERVATION BEDS (NON-DIS							
063	INFUSION				1,610			114,965
063	01 COMMUNITY HEALTH CENTERS	197			1,927			
063	02 RASC							
063	50 RHC							78
065	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	698	3,590			16,332		5
071	HOME HEALTH AGENCY		1,636					375
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	71,531	127,138	319,127	161,541	225,055	193,288	505,599
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		738					
097	RESEARCH							
097	01 SENIOR ADVAN							
097	02 CARE-A-VAN							
098	PHYSICIANS' PRIVATE OFFIC	882			3,696	1,602		23,964
098	01 REFERENCE LAB							
098	02 MEALS ON WHEELS			2,666				
099	NONPAID WORKERS		357					6,545
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	72,413	128,233	321,793	165,237	226,657	193,288	536,108



## ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET B  
 I TO 12/31/2009 I PART III

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	I&R SERVICES- SALARY & FRI	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	22	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 05 BUSINESS OFFICE							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	429,690						
018 SOCIAL SERVICE		97,055					
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM-(SPECIFY)				27,473			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	26,716	57,715			2,381,771		2,381,771
026 INTENSIVE CARE UNIT	2,764	2,183			192,402		192,402
027 CORONARY CARE UNIT	2,802	1,655			229,276		229,276
031 SUBPROVIDER					33,309		33,309
031 01 SUB II - REHAB	2,576	33,340			304,424		304,424
033 NURSERY	1,026				92,537		92,537
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	54,326	1,756			2,066,974		2,066,974
038 RECOVERY ROOM	8,627				248,579		248,579
039 DELIVERY ROOM & LABOR ROO	2,796				277,012		277,012
040 ANESTHESIOLOGY	15,870				141,943		141,943
041 RADIOLOGY-DIAGNOSTIC	33,344				1,871,006		1,871,006
041 01 NUCLEAR MEDICINE-DIAGNOST	4,221				178,666		178,666
041 02 CARDIAC CATHETERIZATION I	48,304				1,265,266		1,265,266
041 22 CT SCAN	28,258				357,961		357,961
041 23 ULTRASOUND	6,761				220,567		220,567
041 26 MRI	7,751				158,616		158,616
042 RADIOLOGY-THERAPEUTIC	17,406				427,063		427,063
044 LABORATORY	51,167				862,515		862,515
046 WHOLE BLOOD & PACKED RED					3,700		3,700
048 INTRAVENOUS THERAPY	4,964				167,064		167,064
049 RESPIRATORY THERAPY	8,893				208,407		208,407
050 PHYSICAL THERAPY	9,887				840,152		840,152
053 ELECTROCARDIOLOGY	9,079				243,709		243,709
055 MEDICAL SUPPLIES CHARGED	7,367				220,510		220,510
056 DRUGS CHARGED TO PATIENTS	29,948				129,923		129,923
058 01 RENAL DIALYSIS (IP)	455				5,960		5,960
059 CARDIAC REHAB	667				99,578		99,578
059 01 OP PSY/CDU	4,162				287,699		287,699
059 02 RIMMS	467				87,232		87,232
059 03 GENETIC/OAK PLAZA CLINICS					132		132
059 04 PAIN CLINIC					2,774		2,774
059 05 DIABETES	215				30,042		30,042
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	27,729				552,938		552,938
062 OBSERVATION BEDS (NON-DIS							
063 INFUSION	8,270				204,636		204,636
063 01 COMMUNITY HEALTH CENTERS					285,705		285,705
063 02 RASC							
063 50 RHC	142				99,711		99,711
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	2,730				255,645		255,645
071 HOME HEALTH AGENCY					267,566		267,566
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	429,690	96,649			15,302,970		15,302,970
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					21,597		21,597
097 RESEARCH							
097 01 SENIOR ADVAN					1,139		1,139
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFIC					1,237,706		1,237,706
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS					2,666		2,666
099 NONPAID WORKERS		406			438,947		438,947
101 CROSS FOOT ADJUSTMENTS				27,473	27,473		27,473
102 NEGATIVE COST CENTER							
103 TOTAL	429,690	97,055		27,473	17,032,498		17,032,498

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET B-1  
 I I TO 12/31/2009 I

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	COMMUNICATION S
		(SQUARE FEET	(DOLLAR )VALUE	(SQUARE )FEET	(DOLLAR )VALUE	(ACTUAL )BENEFTS	8(PHONES )
		1	2	3	4	5	6.01
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD	502,627					
003	OLD CAP REL COSTS-MVB		984				
004	NEW CAP REL COSTS-BLD			607,552			
005	NEW CAP REL COSTS-MVB				11,318,871		
006	EMPLOYEE BENEFITS	2,818		2,818	57,049	22,019,167	
006 01	COMMUNICATIONS			168			1,148
006 02	DATA PROCESSING	9,123	984	9,123	3,637,836	487,826	80
006 03	PURCHASING	18,704		18,704	327,567	169,388	15
006 05	BUSINESS OFFICE	10,796		10,796	138,367	1,022,958	46
006 06	ADMIN & GENERAL	50,694		50,694	197,204	1,531,562	220
007	MAINTENANCE & REPAIRS	14,725		14,725	440,721	368,302	39
008	OPERATION OF PLANT	132,374		132,374	647,337	160,127	17
009	LAUNDRY & LINEN SERVI	3,991		3,991	2,957	137,879	1
010	HOUSEKEEPING	2,428		2,428	48,599	459,244	8
011	DIETARY	10,216		10,216	102,760	156,975	14
012	CAFETERIA	9,348		9,348		307,262	
014	NURSING ADMINISTRATIO				39,379	14,420	16
015	CENTRAL SERVICES & SU	6,372		6,372	47,596	76,582	4
016	PHARMACY	2,366		2,366	360,526		10
017	MEDICAL RECORDS & LIB	5,675		5,675	144,425	321,332	51
018	SOCIAL SERVICE	531		531	47	226,686	9
022	I&R SERVICES-SALARY &						
024	PARAMED ED PRGM-(SPEC	162		162	2,081	260,615	
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	60,104		60,104	131,976	4,131,844	164
026	INTENSIVE CARE UNIT	3,892		3,892	28,270	391,406	10
027	CORONARY CARE UNIT	5,235		5,235	14,299	675,742	9
031	SUBPROVIDER	3,671		3,671			
031 01	SUB II - REHAB	7,999		7,999	13,743	371,460	14
033	NURSERY	1,730		1,730	12,270	265,591	4
	ANCILLARY SRVC COST C						
037	OPERATING ROOM	15,693		15,693	948,346	1,113,261	27
038	RECOVERY ROOM	4,144		4,144	54,403	378,009	21
039	DELIVERY ROOM & LABOR	5,263		5,263	131,838	319,901	6
040	ANESTHESIOLOGY	408		408	3,383	27,782	1
041	RADIOLOGY-DIAGNOSTIC	7,475		9,964	1,409,671	764,321	16
041 01	NUCLEAR MEDICINE-DIAG	490		490	148,065	41,918	2
041 02	CARDIAC CATHETERIZATI	3,475		3,475	815,587	248,575	5
041 22	CT SCAN	575		575	229,118	118,573	6
041 23	ULTRASOUND	452		452	168,957	134,879	4
041 26	MRI	1,192		1,192	79,470	43,821	6
042	RADIOLOGY-THERAPEUTIC				19,688	136,448	16
044	LABORATORY	6,511		6,511	164,595	576,330	33
046	WHOLE BLOOD & PACKED	220		220			
048	INTRAVENOUS THERAPY					70,909	2
049	RESPIRATORY THERAPY	1,252		1,252	55,059	352,228	7
050	PHYSICAL THERAPY	18,324		18,324	29,188	588,466	29
053	ELECTROCARDIOLOGY	2,782		2,782	87,472	142,031	16
055	MEDICAL SUPPLIES CHAR						
056	DRUGS CHARGED TO PATI					490,976	
058 01	RENAL DIALYSIS (IP)				761		
059	CARDIAC REHAB	1,832		1,832	16,268	72,760	4
059 01	OP PSY/CDU	11,730		11,730	18,199	223,774	
059 02	RIMMS	3,951		3,951	8,046	110,824	12
059 03	GENETIC/OAK PLAZA CLI						18
059 04	PAIN CLINIC				2,908		
059 05	DIABETES	494		494	456	37,578	4
	OUTPAT SERVICE COST C						
061	EMERGENCY	8,685		8,685	130,200	739,616	53
062	OBSERVATION BEDS (NON						
063	INFUSION				16,610	130,213	
063 01	COMMUNITY HEALTH CENT			29,569	4,180	215,669	2
063 02	RASC						
063 50	RHC	5,813		5,813	1,751	62,246	4
	OTHER REIMBURS COST C						
065	AMBULANCE SERVICES	6,250		6,250	72,224	599,867	4
071	HOME HEALTH AGENCY	2,848		2,848	57,285	702,641	19
	SPEC PURPOSE COST CEN						
095	SUBTOTALS	472,813	984	505,039	11,068,737	19,980,817	1,048
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE	1,284		1,284			
097	RESEARCH						
097 01	SENIOR ADVAN				1,009	15,776	
097 02	CARE-A-VAN						
098	PHYSICIANS' PRIVATE O	27,908		64,483	243,215	1,941,855	48
098 01	REFERENCE LAB						
098 02	MEALS ON WHEELS						
099	NONPAID WORKERS	622		36,746	5,910	80,719	52
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED	2,396,755	2,604,051	5,452,571	10,719,457	23,099,905	959,030

COST ALLOCATION - STATISTICAL BASIS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2010
I	14-0186	I	FROM 1/ 1/2009	I	WORKSHEET B-1	
I		I	TO 12/31/2009	I		

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	COMMUNICATION S
		(SQUARE FEET	(DOLLAR )VALUE	(SQUARE )FEET	(DOLLAR )VALUE	(ACTUAL )ENEFITS	B(PHONES )
		1	2	3	4	5	6.01
	NONREIMBURS COST CENT (WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	4.768457		8.974657		1.049082	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)		2,646.393293		.947043	13,438	835.391986
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000610	
107	COST TO BE ALLOCATED (WRKSHT B, PART III)					79,319	1,508
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)					.003602	
							1.313589

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:

I 14-0186

I PERIOD:

I FROM 1/ 1/2009

I TO 12/31/2009

I PREPARED 5/28/2010

I WORKSHEET B-1

	COST CENTER DESCRIPTION	DATA PROCESSING (DEVICES)	PURCHASING (REQS)	BUSINESS OFFICE (CHARGES)	RECONCILIATION ( )	ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	OPERATION OF PLANT (SQUARE FEET)
		6.02	6.03	6.05	6a.06	6.06	7	8
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS							
006	02 DATA PROCESSING	942						
006	03 PURCHASING	15	28,381,266					
006	05 BUSINESS OFFICE	145	10,520	630,333,308				
006	06 ADMIN & GENERAL	147	70,480	87,073	-31,035,773	166,839,169		
007	MAINTENANCE & REPAIRS	21	55,336			8,823,209	4,659	
008	OPERATION OF PLANT	17	1,220			3,296,396		263,393
009	LAUNDRY & LINEN SERVI		516			647,295		3,991
010	HOUSEKEEPING	6	23,249			2,533,399		2,428
011	DIETARY	10	7,223			1,618,384		10,216
012	CAFETERIA					1,086,584		9,348
014	NURSING ADMINISTRATIO	11	14,197			1,189,561		
015	CENTRAL SERVICES & SU	5	132,478			746,683	36	6,372
016	PHARMACY	19	397,441			1,124,737		2,366
017	MEDICAL RECORDS & LIB	29	584			2,615,138		5,675
018	SOCIAL SERVICE	21	120			757,011		531
022	I&R SERVICES-SALARY &							
024	PARAMED ED PRGM-(SPEC		1,247			507,472	111	162
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	97	264,166	39,172,336		21,770,572	276	63,775
026	INTENSIVE CARE UNIT	8	47,236	4,052,774		2,612,009	70	3,892
027	CORONARY CARE UNIT	9	56,725	4,109,061		3,316,380	130	5,235
031	SUBPROVIDER					50,451		
031	01 SUB II - REHAB	15	16,734	3,776,800		2,172,820	8	7,999
033	NURSERY	3	79,148	1,504,430		1,856,184	87	1,730
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	25	12,801,659	79,858,288		22,860,341	558	15,693
038	RECOVERY ROOM	14	52,230	12,649,682		2,575,882	88	4,144
039	DELIVERY ROOM & LABOR	4	124,169	4,100,198		1,932,403	82	5,263
040	ANESTHESIOLOGY		322,473	23,270,029		819,416	301	408
041	RADIOLOGY-DIAGNOSTIC	23	471,998	48,891,203		7,680,261	579	7,475
041	01 NUCLEAR MEDICINE-DIAG	1	280,323	6,189,752		778,542		490
041	02 CARDIAC CATHETERIZATI	2	6,445,730	70,827,630		9,846,595	240	3,475
041	22 CT SCAN	8	200,214	41,434,175		1,690,962	9	575
041	23 ULTRASOUND	6	31,226	9,914,180		1,057,899	4	452
041	26 MRI	9	70,590	11,365,169		655,882	2	1,192
042	RADIOLOGY-THERAPEUTIC	11	48,267	25,522,145		5,171,301	36	
044	LABORATORY	62	4,392,127	75,025,428		9,620,271	164	6,511
046	WHOLE BLOOD & PACKED					3,023		220
048	INTRAVENOUS THERAPY	3	234,404	7,278,220		1,818,471	519	
049	RESPIRATORY THERAPY	8	177,837	13,039,016		2,133,384	268	1,252
050	PHYSICAL THERAPY	62	277,218	14,496,340		4,715,129	322	18,324
053	ELECTROCARDIOLOGY	12	25,328	13,312,666		1,136,514	193	2,782
055	MEDICAL SUPPLIES CHAR			10,802,418		912,796		
056	DRUGS CHARGED TO PATI			43,911,613		6,141,712		
058	01 RENAL DIALYSIS (IP)			667,787		322,504	11	
059	CARDIAC REHAB	7	3,570	977,377		467,913	124	1,832
059	01 OP PSY/CDU	12	16,389	6,102,126		1,455,115		11,730
059	02 RIMMS		92,573	685,214		629,175	15	3,951
059	03 GENETIC/OAK PLAZA CLI					15,037		
059	04 PAIN CLINIC					2,754		
059	05 DIABETES	5	597	315,492		256,687		494
	OUTPAT SERVICE COST C							
061	EMERGENCY	25	372,843	40,657,998		5,202,768	154	8,685
062	OBSERVATION BEDS (NON							
063	INFUSION		259,280	12,125,701		2,429,275	55	
063	01 COMMUNITY HEALTH CENT		2,047			1,760,588	5	
063	02 RASC				-1,517,346			
063	50 RHC		2,421	207,570		392,539	4	5,813
	OTHER REIMBURS COST C							
065	AMBULANCE SERVICES	7	12,143	4,003,417		2,917,453	48	6,250
071	HOME HEALTH AGENCY	35	23,914			4,026,685	13	2,848
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	919	27,920,190	630,333,308	-32,553,119	158,153,562	4,512	233,579
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE					17,646		1,284
097	RESEARCH							
097	01 SENIOR ADVAN					17,506		
097	02 CARE-A-VAN							
098	PHYSICIANS' PRIVATE O		432,893			8,050,180	146	27,908
098	01 REFERENCE LAB							
098	02 MEALS ON WHEELS							
099	NONPAID WORKERS	23	28,183			600,275	1	622
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	12,630,582	1,814,732	7,114,051		31,035,773	10,464,520	3,909,598

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET B-1  
 I I TO 12/31/2009 I

	COST CENTER DESCRIPTION	DATA PROCESSI	PURCHASING	BUSINESS OFFI	RECONCIL- IATION	ADMIN & GENER	MAINTENANCE & OPERATION OF	
		NG	(DEVICES )	(REQS )		CE	AL	REPAIRS
				(CHARGES )		( ACCUM. COST )	(WORK ORDER )	(SQUARE FEET )
	NONREIMBURS COST CENT	6.02	6.03	6.05	6a.06	6.06	7	8
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		.063941				2,246.087143	
	(WRKSHT B, PT I)	13,408.261146		.011286		.186022		14.843211
105	COST TO BE ALLOCATED	2,647,852	131,455	459,731		656,253	164,428	692,073
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER		.004632				35.292552	
	(WRKSHT B, PT II)	2,810.883227		.000729		.003933		2.627530
107	COST TO BE ALLOCATED	3,531,413	752,121	775,536		1,200,585	695,627	1,889,148
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.026501				149.308221	
	(WRKSHT B, PT III)	3,748.846072		.001230		.007196		7.172355

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET 8-1  
 I I TO 12/31/2009 I

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES )	NURSING ADMIN ISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVI CES & SUPPLY (COSTED )REQUIS.	PHARMACY (COSTED )REQUIS.	
	9	10	11	12	14	15	16	
001 GENERAL SERVICE COST								
002 OLD CAP REL COSTS-BLD								
003 OLD CAP REL COSTS-MVB								
004 NEW CAP REL COSTS-BLD								
005 NEW CAP REL COSTS-MVB								
006 EMPLOYEE BENEFITS								
006 01 COMMUNICATIONS								
006 02 DATA PROCESSING								
006 03 PURCHASING								
006 05 BUSINESS OFFICE								
006 06 ADMIN & GENERAL								
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERV	499,468							
010 HOUSEKEEPING		223,253						
011 DIETARY	3,275	10,216	377,100					
012 CAFETERIA		9,348		740,256				
014 NURSING ADMINISTRATIO				26,048	644,384			
015 CENTRAL SERVICES & SU	24,651	6,372		8,359	8,359	100		
016 PHARMACY		2,366		25,420			6,475,830	
017 MEDICAL RECORDS & LIB		5,675						
018 SOCIAL SERVICE		531		14,000				
022 I&R SERVICES-SALARY &								
024 PARAMED ED PRGM-(SPEC		162			4,524		60	
025 INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS	218,216	63,775	318,330	239,016	253,910		1,513	
026 INTENSIVE CARE UNIT	26,847	3,892	10,358	26,422	26,422		6,931	
027 CORONARY CARE UNIT	32,539	5,235	14,483	31,739	31,739		4,044	
031 SUBPROVIDER								
031 01 SUB II - REHAB	31,300	7,999	28,274	23,231	23,231		49	
033 NURSERY		1,730		14,567	14,567		997	
037 ANCILLARY SRVC COST C								
037 OPERATING ROOM	28,369	15,693		53,455	53,455		174,666	
038 RECOVERY ROOM	13,881	4,144		18,334	18,334		49,433	
039 DELIVERY ROOM & LABOR		5,263		18,429	18,429		1,456	
040 ANESTHESIOLOGY	1,750	408		1,804	1,804		71,546	
041 RADIOLOGY-DIAGNOSTIC	29,695	7,475		32,816			442,273	
041 01 NUCLEAR MEDICINE-DIAG	3,119	490		2,324			6,162	
041 02 CARDIAC CATHETERIZATI	8,181	3,475		12,468	12,468		56,357	
041 22 CT SCAN	4,826	575		7,966			5,049	
041 23 ULTRASOUND	3,559	452		6,030			1,917	
041 26 MRI	1,674	1,192		2,568			964	
042 RADIOLOGY-THERAPEUTIC				8,167			3,287,767	
044 LABORATORY		6,511		42,245			261	
046 WHOLE BLOOD & PACKED		220						
048 INTRAVENOUS THERAPY				2,070	2,070		527,432	
049 RESPIRATORY THERAPY	1,520	1,252		16,895	16,895		5,572	
050 PHYSICAL THERAPY	12,169	18,324		15,544	32,322		1,407	
053 ELECTROCARDIOLOGY	1,643	2,782		9,095	9,095		2,974	
055 MEDICAL SUPPLIES CHAR						100		
056 DRUGS CHARGED TO PATI								
058 01 RENAL DIALYSIS (IP)								
059 CARDIAC REHAB		1,832		3,385	3,385			
059 01 OP PSY/CDU		11,730			16,933			
059 02 RIMMS	635	3,951					30,296	
059 03 GENETIC/OAK PLAZA CLI								
059 04 PAIN CLINIC								
059 05 DIABETES		494						
061 OUTPAT SERVICE COST C								
061 EMERGENCY	39,356	8,685	2,531	45,455	45,455		33,934	
062 OBSERVATION BEDS (NON								
063 INFUSION				7,213			1,388,703	
063 01 COMMUNITY HEALTH CENT	1,360			8,635				
063 02 RASC								
063 50 RHC							948	
065 OTHER REIMBURS COST C								
065 AMBULANCE SERVICES	4,817	6,250			46,433		60	
071 HOME HEALTH AGENCY		2,848					4,532	
095 SPEC PURPOSE COST CEN								
095 SUBTOTALS	493,382	221,347	373,976	723,700	639,830	100	6,107,303	
096 NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE		1,284						
097 RESEARCH								
097 01 SENIOR ADVAN								
097 02 CARE-A-VAN								
098 PHYSICIANS' PRIVATE O	6,086			16,556	4,554		289,466	
098 01 REFERENCE LAB								
098 02 MEALS ON WHEELS			3,124					
099 NONPAID WORKERS		622					79,061	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	826,945	3,040,706	2,215,641	1,554,787	1,465,556	1,225,190	1,454,698	



## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET B-1  
 I I TO 12/31/2009 I

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES )	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY (COSTED REQUIS.)
	(POUNDS OF LAUNDRY				(DIRECT NRSING HRS	(COSTED REQUIS.	(COSTED REQUIS.
	9	10	11	12	14	15	16
NONREIMBURS COST CENT (WRKSHT B, PART I)							
104. UNIT COST MULTIPLIER (WRKSHT B, PT I)		13.620001		2.100337		12,251.900000	
105. COST TO BE ALLOCATED (WRKSHT B, PART II)	1.655652 32,149	45,175	5.875473 112,439	75,491	2.274352 38,330	70,276	.224635 80,242
106. UNIT COST MULTIPLIER (WRKSHT B, PT II)		.202349		.101980		702.760000	
107. COST TO BE ALLOCATED (WRKSHT B, PART III)	.064366 72,413	128,233	.298168 321,793	165,237	.059483 226,657	193,288	.012391 536,108
108. UNIT COST MULTIPLIER (WRKSHT B, PT III)		.574384		.223216		1,932.880000	
	.144980		.853336		.351742		.082786

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET B-1  
 I I TO 12/31/2009 I

COST CENTER DESCRIPTION		MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	I&R SERVICES- SALARY & FRI	PARAMED ED PR GM-(SPECIFY)
		(GROSS CHARGES	(TIME )SPENT	(ASSIGNED )TIME	(ASSIGNED )TIME
		17	18	22	24
	GENERAL SERVICE COST				
001	OLD CAP REL COSTS-BLD				
002	OLD CAP REL COSTS-MVB				
003	NEW CAP REL COSTS-BLD				
004	NEW CAP REL COSTS-MVB				
005	EMPLOYEE BENEFITS				
006	01 COMMUNICATIONS				
006	02 DATA PROCESSING				
006	03 PURCHASING				
006	05 BUSINESS OFFICE				
006	06 ADMIN & GENERAL				
007	MAINTENANCE & REPAIRS				
008	OPERATION OF PLANT				
009	LAUNDRY & LINEN SERVI				
010	HOUSEKEEPING				
011	DIETARY				
012	CAFETERIA				
014	NURSING ADMINISTRATIO				
015	CENTRAL SERVICES & SU				
016	PHARMACY				
017	MEDICAL RECORDS & LIB	630,246,235			
018	SOCIAL SERVICE		9,560		
022	I&R SERVICES-SALARY &				
024	PARAMED ED PRGM-(SPEC				95
	INPAT ROUTINE SRVC CN				
025	ADULTS & PEDIATRICS	39,172,336	5,685		27
026	INTENSIVE CARE UNIT	4,052,774	215		8
027	CORONARY CARE UNIT	4,109,061	163		16
031	SUBPROVIDER				
031	01 SUB II - REHAB	3,776,800	3,284		1
033	NURSERY	1,504,430			
	ANCILLARY SRVC COST C				
037	OPERATING ROOM	79,858,288	173		4
038	RECOVERY ROOM	12,649,682			
039	DELIVERY ROOM & LABOR	4,100,198			
040	ANESTHESIOLOGY	23,270,029			
041	RADIOLOGY-DIAGNOSTIC	48,891,203			
041	01 NUCLEAR MEDICINE-DIAG	6,189,752			
041	02 CARDIAC CATHETERIZATI	70,827,630			
041	22 CT SCAN	41,434,175			
041	23 ULTRASOUND	9,914,180			
041	26 MRI	11,365,169			
042	RADIOLOGY-THERAPEUTIC	25,522,145			
044	LABORATORY	75,025,428			
046	WHOLE BLOOD & PACKED				
048	INTRAVENOUS THERAPY	7,278,220			
049	RESPIRATORY THERAPY	13,039,016			7
050	PHYSICAL THERAPY	14,496,340			
053	ELECTROCARDIOLOGY	13,312,666			
055	MEDICAL SUPPLIES CHAR	10,802,418			
056	DRUGS CHARGED TO PATI	43,911,613			
058	01 RENAL DIALYSIS (IP)	667,787			
059	CARDIAC REHAB	977,377			
059	01 OP PSY/CDU	6,102,126			
059	02 RIMMS	685,214			
059	03 GENETIC/OAK PLAZA CLI				
059	04 PAIN CLINIC				
059	05 DIABETES	315,492			
	OUTPAT SERVICE COST C				
061	EMERGENCY	40,657,998			32
062	OBSERVATION BEDS (NON				
063	INFUSION	12,125,701			
063	01 COMMUNITY HEALTH CENT				
063	02 RASC				
063	50 RHC	207,570			
	OTHER REIMBURS COST C				
065	AMBULANCE SERVICES	4,003,417			
071	HOME HEALTH AGENCY				
	SPEC PURPOSE COST CEN				
095	SUBTOTALS	630,246,235	9,520		95
	NONREIMBURS COST CENT				
096	GIFT, FLOWER, COFFEE				
097	RESEARCH				
097	01 SENIOR ADVAN				
097	02 CARE-A-VAN				
098	PHYSICIANS' PRIVATE O				
098	01 REFERENCE LAB				
098	02 MEALS ON WHEELS				
099	NONPAID WORKERS		40		
101	CROSS FOOT ADJUSTMENT				
102	NEGATIVE COST CENTER				
103	COST TO BE ALLOCATED	3,263,140	942,351		866,102

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET B-1  
 I I TO 12/31/2009 I

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	I&R SERVICES- SALARY & FRI	PARAMED ED PR GM-(SPECIFY)
	(GROSS CHARGES	(TIME )SPENT	(ASSIGNED )TIME	(ASSIGNED )TIME
	17	18	22	24
NONREIMBURS COST CENT				
(PER WRKSHT B, PART				
UNIT COST MULTIPLIER				
(WRKSHT B, PT I)	.005178	98.572280		9,116.863158
COST TO BE ALLOCATED	135,120	67,607		7,579
(PER WRKSHT B, PART				
UNIT COST MULTIPLIER				
(WRKSHT B, PT II)	.000214	7.071862		79.778947
COST TO BE ALLOCATED	429,690	97,055		27,473
(PER WRKSHT B, PART				
UNIT COST MULTIPLIER				
(WRKSHT B, PT III)	.000682	10.152197		289.189474

## COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET C  
 I I TO 12/31/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	32,576,369		32,576,369	18,139	32,594,508
26	INTENSIVE CARE UNIT	3,703,470		3,703,470		3,703,470
27	CORONARY CARE UNIT	4,836,234		4,836,234		4,836,234
31	SUBPROVIDER	59,836		59,836		59,836
31	01 SUB II - REHAB	3,494,626		3,494,626		3,494,626
33	NURSERY	2,517,867		2,517,867		2,517,867
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	29,599,680		29,599,680	193,347	29,793,027
38	RECOVERY ROOM	3,550,452		3,550,452		3,550,452
39	DELIVERY ROOM & LABOR ROO	2,728,032		2,728,032		2,728,032
40	ANESTHESIOLOGY	1,806,883		1,806,883		1,806,883
41	RADIOLOGY-DIAGNOSTIC	11,092,807		11,092,807		11,092,807
41	01 NUCLEAR MEDICINE-DIAGNOST	980,795		980,795		980,795
41	02 CARDIAC CATHETERIZATION I	12,763,743		12,763,743		12,763,743
41	22 CT SCAN	2,282,501		2,282,501		2,282,501
41	23 ULTRASOUND	1,346,864		1,346,864		1,346,864
41	26 MRI	883,542		883,542		883,542
42	RADIOLOGY-THERAPEUTIC	7,101,990		7,101,990	50,584	7,152,574
44	LABORATORY	12,440,805		12,440,805		12,440,805
46	WHOLE BLOOD & PACKED RED	9,847		9,847		9,847
48	INTRAVENOUS THERAPY	3,487,689		3,487,689		3,487,689
49	RESPIRATORY THERAPY	3,376,840		3,376,840	11,649	3,388,489
50	PHYSICAL THERAPY	7,038,733		7,038,733		7,038,733
53	ELECTROCARDIOLOGY	1,972,720		1,972,720		1,972,720
55	MEDICAL SUPPLIES CHARGED	2,363,721		2,363,721		2,363,721
56	DRUGS CHARGED TO PATIENTS	7,511,580		7,511,580		7,511,580
58	01 RENAL DIALYSIS (IP)	410,662		410,662		410,662
59	CARDIAC REHAB	905,485		905,485		905,485
59	01 OP PSY/CDU	2,129,781		2,129,781		2,129,781
59	02 RIMMS	903,770		903,770		903,770
59	03 GENETIC/OAK PLAZA CLINICS	17,834		17,834		17,834
59	04 PAIN CLINIC	3,266		3,266		3,266
59	05 DIABETES	320,131		320,131		320,131
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	7,552,470		7,552,470		7,552,470
62	OBSERVATION BEDS (NON-DIS	415,160		415,160		415,160
63	INFUSION	3,394,597		3,394,597		3,394,597
63	01 COMMUNITY HEALTH CENTERS	2,119,714		2,119,714		2,119,714
63	02 RASC	1,517,346		1,517,346		1,517,346
63	50 RHC	562,116		562,116		562,116
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	3,880,193		3,880,193		3,880,193
101	SUBTOTAL	183,660,151		183,660,151	273,719	183,933,870
102	LESS OBSERVATION BEDS	415,160		415,160		415,160
103	TOTAL	183,244,991		183,244,991	273,719	183,518,710

## COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET C  
 I I TO 12/31/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	38,890,520		38,890,520			
26	INTENSIVE CARE UNIT	4,052,774		4,052,774			
27	CORONARY CARE UNIT	4,109,061		4,109,061			
31	SUBPROVIDER						
31 01	SUB II - REHAB	3,776,800		3,776,800			
33	NURSERY	1,504,430		1,504,430			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	49,007,297	30,849,991	79,857,288	.370657	.370657	.373078
38	RECOVERY ROOM	5,938,313	6,711,369	12,649,682	.280675	.280675	.280675
39	DELIVERY ROOM & LABOR ROO	2,602,783	1,497,415	4,100,198	.665342	.665342	.665342
40	ANESTHESIOLOGY	14,417,853	8,852,176	23,270,029	.077649	.077649	.077649
41	RADIOLOGY-DIAGNOSTIC	8,541,873	40,349,330	48,891,203	.226888	.226888	.226888
41 01	NUCLEAR MEDICINE-DIAGNOST	1,998,855	4,190,897	6,189,752	.158455	.158455	.158455
41 02	CARDIAC CATHETERIZATION L	34,299,793	36,527,837	70,827,630	.180209	.180209	.180209
41 22	CT SCAN	17,443,155	23,991,020	41,434,175	.055087	.055087	.055087
41 23	ULTRASOUND	2,918,256	6,995,924	9,914,180	.135852	.135852	.135852
41 26	MRI	3,847,182	7,517,987	11,365,169	.077741	.077741	.077741
42	RADIOLOGY-THERAPEUTIC	88,720	25,433,425	25,522,145	.278268	.278268	.280250
44	LABORATORY	33,336,504	41,688,924	75,025,428	.165821	.165821	.165821
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY	6,295,311	982,909	7,278,220	.479195	.479195	.479195
49	RESPIRATORY THERAPY	9,361,068	3,677,948	13,039,016	.258980	.258980	.259873
50	PHYSICAL THERAPY	8,234,197	6,262,143	14,496,340	.485552	.485552	.485552
53	ELECTROCARDIOLOGY	5,965,775	7,346,891	13,312,666	.148184	.148184	.148184
55	MEDICAL SUPPLIES CHARGED	5,791,013	5,011,406	10,802,419	.218814	.218814	.218814
56	DRUGS CHARGED TO PATIENTS	35,865,110	8,046,503	43,911,613	.171061	.171061	.171061
58 01	RENAL DIALYSIS (IP)	667,787		667,787	.614960	.614960	.614960
59	CARDIAC REHAB	181,497	795,880	977,377	.926444	.926444	.926444
59 01	OP PSY/CDU	34,585	6,067,541	6,102,126	.349023	.349023	.349023
59 02	RIMMS		685,214	685,214	1.318960	1.318960	1.318960
59 03	GENETIC/OAK PLAZA CLINICS						
59 04	PAIN CLINIC						
59 05	DIABETES	557	314,935	315,492	1.014704	1.014704	1.014704
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	13,498,494	27,159,504	40,657,998	.185756	.185756	.185756
62	OBSERVATION BEDS (NON-DIS	159,182	3,671,473	3,830,655	.108378	.108378	.108378
63	INFUSION		12,125,701	12,125,701	.279951	.279951	.279951
63 01	COMMUNITY HEALTH CENTERS	1,659	2,958,474	2,960,133	.716087	.716087	.716087
63 02	RASC		7,459,367	7,459,367	.203415	.203415	.203415
63 50	RHC		207,570	207,570	2.708079	2.708079	2.708079
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	260,322	3,743,095	4,003,417	.969220	.969220	.969220
101	SUBTOTAL	313,090,726	331,122,849	644,213,575			
102	LESS OBSERVATION BEDS						
103	TOTAL	313,090,726	331,122,849	644,213,575			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0186  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/28/2010  
WORKSHEET C  
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	32,576,369		32,576,369	18,139	32,594,508
27	INTENSIVE CARE UNIT	3,703,470		3,703,470		3,703,470
27	CORONARY CARE UNIT	4,836,234		4,836,234		4,836,234
31	SUBPROVIDER	59,836		59,836		59,836
31 01	SUB II - REHAB	3,494,626		3,494,626		3,494,626
33	NURSERY	2,517,867		2,517,867		2,517,867
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	29,599,680		29,599,680	193,347	29,793,027
38	RECOVERY ROOM	3,550,452		3,550,452		3,550,452
39	DELIVERY ROOM & LABOR ROO	2,728,032		2,728,032		2,728,032
40	ANESTHESIOLOGY	1,806,883		1,806,883		1,806,883
41	RADIOLOGY-DIAGNOSTIC	11,092,807		11,092,807		11,092,807
41 01	NUCLEAR MEDICINE-DIAGNOST	980,795		980,795		980,795
41 02	CARDIAC CATHETERIZATION L	12,763,743		12,763,743		12,763,743
41 22	CT SCAN	2,282,501		2,282,501		2,282,501
41 23	ULTRASOUND	1,346,864		1,346,864		1,346,864
41 26	MRI	883,542		883,542		883,542
42	RADIOLOGY-THERAPEUTIC	7,101,990		7,101,990	50,584	7,152,574
44	LABORATORY	12,440,805		12,440,805		12,440,805
46	WHOLE BLOOD & PACKED RED	9,847		9,847		9,847
48	INTRAVENOUS THERAPY	3,487,689		3,487,689		3,487,689
49	RESPIRATORY THERAPY	3,376,840		3,376,840	11,649	3,388,489
50	PHYSICAL THERAPY	7,038,733		7,038,733		7,038,733
53	ELECTROCARDIOLOGY	1,972,720		1,972,720		1,972,720
55	MEDICAL SUPPLIES CHARGED	2,363,721		2,363,721		2,363,721
56	DRUGS CHARGED TO PATIENTS	7,511,580		7,511,580		7,511,580
58 01	RENAL DIALYSIS (IP)	410,662		410,662		410,662
59	CARDIAC REHAB	905,485		905,485		905,485
59 01	OP PSY/CDU	2,129,781		2,129,781		2,129,781
59 02	RIMMS	903,770		903,770		903,770
59 03	GENETIC/OAK PLAZA CLINICS	17,834		17,834		17,834
59 04	PAIN CLINIC	3,266		3,266		3,266
59 05	DIABETES	320,131		320,131		320,131
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	7,552,470		7,552,470		7,552,470
62	OBSERVATION BEDS (NON-DIS	415,160		415,160		415,160
63	INFUSION	3,394,597		3,394,597		3,394,597
63 01	COMMUNITY HEALTH CENTERS	2,119,714		2,119,714		2,119,714
63 02	RASC	1,517,346		1,517,346		1,517,346
63 50	RHC	562,116		562,116		562,116
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	3,880,193		3,880,193		3,880,193
101	SUBTOTAL	183,660,151		183,660,151	273,719	183,933,870
102	LESS OBSERVATION BEDS	415,160		415,160		415,160
103	TOTAL	183,244,991		183,244,991	273,719	183,518,710

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0186  
PERIOD: 1/ 1/2009 TO 12/31/2009  
(07/2009)  
PREPARED 5/28/2010  
WORKSHEET C  
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	38,890,520		38,890,520			
27	INTENSIVE CARE UNIT	4,052,774		4,052,774			
31	CORONARY CARE UNIT	4,109,061		4,109,061			
31	SUBPROVIDER						
31	01 SUB II - REHAB	3,776,800		3,776,800			
33	NURSERY	1,504,430		1,504,430			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	49,007,297	30,849,991	79,857,288	.370657	.370657	.373078
38	RECOVERY ROOM	5,938,313	6,711,369	12,649,682	.280675	.280675	.280675
39	DELIVERY ROOM & LABOR ROO	2,602,783	1,497,415	4,100,198	.665342	.665342	.665342
40	ANESTHESIOLOGY	14,417,853	8,852,176	23,270,029	.077649	.077649	.077649
41	RADIOLOGY-DIAGNOSTIC	8,541,873	40,349,330	48,891,203	.226888	.226888	.226888
41	01 NUCLEAR MEDICINE-DIAGNOST	1,998,855	4,190,897	6,189,752	.158455	.158455	.158455
41	02 CARDIAC CATHETERIZATION L	34,299,793	36,527,837	70,827,630	.180209	.180209	.180209
41	22 CT SCAN	17,443,155	23,991,020	41,434,175	.055087	.055087	.055087
41	23 ULTRASOUND	2,918,256	6,995,924	9,914,180	.135852	.135852	.135852
41	26 MRI	3,847,182	7,517,987	11,365,169	.077741	.077741	.077741
42	RADIOLOGY-THERAPEUTIC	88,720	25,433,425	25,522,145	.278268	.278268	.280250
44	LABORATORY	33,336,504	41,688,924	75,025,428	.165821	.165821	.165821
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY	6,295,311	982,909	7,278,220	.479195	.479195	.479195
49	RESPIRATORY THERAPY	9,361,068	3,677,948	13,039,016	.258980	.258980	.259873
50	PHYSICAL THERAPY	8,234,197	6,262,143	14,496,340	.485552	.485552	.485552
53	ELECTROCARDIOLOGY	5,965,775	7,346,891	13,312,666	.148184	.148184	.148184
55	MEDICAL SUPPLIES CHARGED	5,791,013	5,011,406	10,802,419	.218814	.218814	.218814
56	DRUGS CHARGED TO PATIENTS	35,865,110	8,046,503	43,911,613	.171061	.171061	.171061
58	01 RENAL DIALYSIS (IP)	667,787		667,787	.614960	.614960	.614960
59	CARDIAC REHAB	181,497	795,880	977,377	.926444	.926444	.926444
59	01 OP PSY/CDU	34,585	6,067,541	6,102,126	.349023	.349023	.349023
59	02 RIMMS		685,214	685,214	1.318960	1.318960	1.318960
59	03 GENETIC/OAK PLAZA CLINICS						
59	04 PAIN CLINIC						
59	05 DIABETES	557	314,935	315,492	1.014704	1.014704	1.014704
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	13,498,494	27,159,504	40,657,998	.185756	.185756	.185756
62	OBSERVATION BEDS (NON-DIS	159,182	3,671,473	3,830,655	.108378	.108378	.108378
63	INFUSION		12,125,701	12,125,701	.279951	.279951	.279951
63	01 COMMUNITY HEALTH CENTERS	1,659	2,958,474	2,960,133	.716087	.716087	.716087
63	02 RASC		7,459,367	7,459,367	.203415	.203415	.203415
63	50 RHC		207,570	207,570	2.708079	2.708079	2.708079
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	260,322	3,743,095	4,003,417	.969220	.969220	.969220
101	SUBTOTAL	313,090,726	331,122,849	644,213,575			
102	LESS OBSERVATION BEDS						
103	TOTAL	313,090,726	331,122,849	644,213,575			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	29,599,680	2,515,740	27,083,940			29,599,680
38	RECOVERY ROOM	3,550,452	349,524	3,200,928			3,550,452
39	DELIVERY ROOM & LABOR ROO	2,728,032	346,369	2,381,663			2,728,032
40	ANESTHESIOLOGY	1,806,883	183,636	1,623,247			1,806,883
41	RADIOLOGY-DIAGNOSTIC	11,092,807	2,102,592	8,990,215			11,092,807
41 01	NUCLEAR MEDICINE-DIAGNOST	980,795	195,937	784,858			980,795
41 02	CARDIAC CATHETERIZATION L	12,763,743	1,444,526	11,319,217			12,763,743
41 22	CT SCAN	2,282,501	433,044	1,849,457			2,282,501
41 23	ULTRASOUND	1,346,864	255,612	1,091,252			1,346,864
41 26	MRI	883,542	207,075	676,467			883,542
42	RADIOLOGY-THERAPEUTIC	7,101,990	545,540	6,556,450			7,101,990
44	LABORATORY	12,440,805	1,225,643	11,215,162			12,440,805
46	WHOLE BLOOD & PACKED RED	9,847	5,384	4,463			9,847
48	INTRAVENOUS THERAPY	3,487,689	215,828	3,271,861			3,487,689
49	RESPIRATORY THERAPY	3,376,840	274,485	3,102,355			3,376,840
50	PHYSICAL THERAPY	7,038,733	1,203,189	5,835,544			7,038,733
53	ELECTROCARDIOLOGY	1,972,720	324,230	1,648,490			1,972,720
55	MEDICAL SUPPLIES CHARGED	2,363,721	304,563	2,059,158			2,363,721
56	DRUGS CHARGED TO PATIENTS	7,511,580	195,786	7,315,794			7,511,580
58 01	RENAL DIALYSIS (IP)	410,662	8,246	402,416			410,662
59	CARDIAC REHAB	905,485	140,920	764,565			905,485
59 01	OP PSY/CDU	2,129,781	423,256	1,706,525			2,129,781
59 02	RIMMS	903,770	121,816	781,954			903,770
59 03	GENETIC/OAK PLAZA CLINICS	17,834	191	17,643			17,834
59 04	PAIN CLINIC	3,266	2,785	481			3,266
59 05	DIABETES	320,131	49,184	270,947			320,131
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	7,552,470	766,665	6,785,805			7,552,470
62	OBSERVATION BEDS (NON-DIS	415,160	43,895	371,265			415,160
63	INFUSION	3,394,597	246,789	3,147,808			3,394,597
63 01	COMMUNITY HEALTH CENTERS	2,119,714	293,915	1,825,799			2,119,714
63 02	RASC	1,517,346		1,517,346			1,517,346
63 50	RHC	562,116	144,645	417,471			562,116
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	3,880,193	343,249	3,536,944			3,880,193
101	SUBTOTAL	136,471,749	14,914,259	121,557,490			136,471,749
102	LESS OBSERVATION BEDS	415,160	43,895	371,265			415,160
103	TOTAL	136,056,589	14,870,364	121,186,225			136,056,589



CALCULATION OF OUTPATIENT SERVICE COST TO  
CHARGE RATIOS NET OF REDUCTIONS

I PROVIDER NO:  
I 14-0186  
I

I PERIOD:  
I FROM 1/ 1/2009  
I TO 12/31/2009

I PREPARED 5/28/2010  
I WORKSHEET C  
I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	79,857,288	.370657	.370657
38	RECOVERY ROOM	12,649,682	.280675	.280675
39	DELIVERY ROOM & LABOR ROO	4,100,198	.665342	.665342
40	ANESTHESIOLOGY	23,270,029	.077649	.077649
41	RADIOLOGY-DIAGNOSTIC	48,891,203	.226888	.226888
41 01	NUCLEAR MEDICINE-DIAGNOST	6,189,752	.158455	.158455
41 02	CARDIAC CATHETERIZATION L	70,827,630	.180209	.180209
41 22	CT SCAN	41,434,175	.055087	.055087
41 23	ULTRASOUND	9,914,180	.135852	.135852
41 26	MRI	11,365,169	.077741	.077741
42	RADIOLOGY-THERAPEUTIC	25,522,145	.278268	.278268
44	LABORATORY	75,025,428	.165821	.165821
46	WHOLE BLOOD & PACKED RED			
48	INTRAVENOUS THERAPY	7,278,220	.479195	.479195
49	RESPIRATORY THERAPY	13,039,016	.258980	.258980
50	PHYSICAL THERAPY	14,496,340	.485552	.485552
53	ELECTROCARDIOLOGY	13,312,666	.148184	.148184
55	MEDICAL SUPPLIES CHARGED	10,802,419	.218814	.218814
56	DRUGS CHARGED TO PATIENTS	43,911,613	.171061	.171061
58 01	RENAL DIALYSIS (IP)	667,787	.614960	.614960
59	CARDIAC REHAB	977,377	.926444	.926444
59 01	OP PSY/CDU	6,102,126	.349023	.349023
59 02	RIMMS	685,214	1.318960	1.318960
59 03	GENETIC/OAK PLAZA CLINICS			
59 04	PAIN CLINIC			
59 05	DIABETES	315,492	1.014704	1.014704
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	40,657,998	.185756	.185756
62	OBSERVATION BEDS (NON-DIS	3,830,655	.108378	.108378
63	INFUSION	12,125,701	.279951	.279951
63 01	COMMUNITY HEALTH CENTERS	2,960,133	.716087	.716087
63 02	RASC	7,459,367	.203415	.203415
63 50	RHC	207,570	2.708079	2.708079
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	4,003,417	.969220	.969220
101	SUBTOTAL	591,879,990		
102	LESS OBSERVATION BEDS	3,830,655		
103	TOTAL	588,049,335		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	29,599,680	2,515,740	27,083,940	251,574	1,570,869	27,777,237
38	RECOVERY ROOM	3,550,452	349,524	3,200,928	34,952	185,654	3,329,846
39	DELIVERY ROOM & LABOR ROO	2,728,032	346,369	2,381,663	34,637	138,136	2,555,259
40	ANESTHESIOLOGY	1,806,883	183,636	1,623,247	18,364	94,148	1,694,371
41	RADIOLOGY-DIAGNOSTIC	11,092,807	2,102,592	8,990,215	210,259	521,432	10,361,116
41 01	NUCLEAR MEDICINE-DIAGNOST	980,795	195,937	784,858	19,594	45,522	915,679
41 02	CARDIAC CATHETERIZATION L	12,763,743	1,444,526	11,319,217	144,453	656,515	11,962,775
41 22	CT SCAN	2,282,501	433,044	1,849,457	43,304	107,269	2,131,928
41 23	ULTRASOUND	1,346,864	255,612	1,091,252	25,561	63,293	1,258,010
41 26	MRT	883,542	207,075	676,467	20,708	39,235	823,599
42	RADIOLOGY-THERAPEUTIC	7,101,990	545,540	6,556,450	54,554	380,274	6,667,162
44	LABORATORY	12,440,805	1,225,643	11,215,162	122,564	650,479	11,667,762
46	WHOLE BLOOD & PACKED RED	9,847	5,384	4,463	538	259	9,050
48	INTRAVENOUS THERAPY	3,487,689	215,828	3,271,861	21,583	189,768	3,276,338
49	RESPIRATORY THERAPY	3,376,840	274,485	3,102,355	27,449	179,937	3,169,454
50	PHYSICAL THERAPY	7,038,733	1,203,189	5,835,544	120,319	338,462	6,579,952
53	ELECTROCARDIOLOGY	1,972,720	324,230	1,648,490	32,423	95,612	1,844,685
55	MEDICAL SUPPLIES CHARGED	2,363,721	304,563	2,059,158	30,456	119,431	2,213,834
56	DRUGS CHARGED TO PATIENTS	7,511,580	195,786	7,315,794	19,579	424,316	7,067,685
58 01	RENAL DIALYSIS (IP)	410,662	8,246	402,416	825	23,340	386,497
59	CARDIAC REHAB	905,485	140,920	764,565	14,092	44,345	847,048
59 01	OP PSY/CDU	2,129,781	423,256	1,706,525	42,326	98,978	1,988,477
59 02	RIMMS	903,770	121,816	781,954	12,182	45,353	846,235
59 03	GENETIC/OAK PLAZA CLINICS	17,834	191	17,643	19	1,023	16,792
59 04	PAIN CLINIC	3,266	2,785	481	279	28	2,959
59 05	DIABETES	320,131	49,184	270,947	4,918	15,715	299,498
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	7,552,470	766,665	6,785,805	76,667	393,577	7,082,226
62	OBSERVATION BEDS (NON-DIS	415,160	43,895	371,265	4,390	21,533	389,237
63	INFUSION	3,394,597	246,789	3,147,808	24,679	182,573	3,187,345
63 01	COMMUNITY HEALTH CENTERS	2,119,714	293,915	1,825,799	29,392	105,896	1,984,426
63 02	RASC	1,517,346		1,517,346		88,006	1,429,340
63 50	RHC	562,116	144,645	417,471	14,465	24,213	523,438
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	3,880,193	343,249	3,536,944	34,325	205,143	3,640,725
101	SUBTOTAL	136,471,749	14,914,259	121,557,490	1,491,430	7,050,334	127,929,985
102	LESS OBSERVATION BEDS	415,160	43,895	371,265	4,390	21,533	389,237
103	TOTAL	136,056,589	14,870,364	121,186,225	1,487,040	7,028,801	127,540,748

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	79,857,288	.347836	.367507
38	RECOVERY ROOM	12,649,682	.263236	.277912
39	DELIVERY ROOM & LABOR ROO	4,100,198	.623204	.656894
40	ANESTHESIOLOGY	23,270,029	.072813	.076859
41	RADIOLOGY-DIAGNOSTIC	48,891,203	.211922	.222587
41 01	NUCLEAR MEDICINE-DIAGNOST	6,189,752	.147935	.155289
41 02	CARDIAC CATHETERIZATION L	70,827,630	.168900	.178169
41 22	CT SCAN	41,434,175	.051453	.054042
41 23	ULTRASOUND	9,914,180	.126890	.133274
41 26	MRI	11,365,169	.072467	.075919
42	RADIOLOGY-THERAPEUTIC	25,522,145	.261230	.276130
44	LABORATORY	75,025,428	.155517	.164188
46	WHOLE BLOOD & PACKED RED			
48	INTRAVENOUS THERAPY	7,278,220	.450156	.476230
49	RESPIRATORY THERAPY	13,039,016	.243075	.256875
50	PHYSICAL THERAPY	14,496,340	.453904	.477252
53	ELECTROCARDIOLOGY	13,312,666	.138566	.145748
55	MEDICAL SUPPLIES CHARGED	10,802,419	.204939	.215995
56	DRUGS CHARGED TO PATIENTS	43,911,613	.160953	.170615
58 01	RENAL DIALYSIS (IP)	667,787	.578773	.613724
59	CARDIAC REHAB	977,377	.866654	.912026
59 01	OP PSY/CDU	6,102,126	.325866	.342087
59 02	RIMMS	685,214	1.234994	1.301182
59 03	GENETIC/OAK PLAZA CLINICS			
59 04	PAIN CLINIC			
59 05	DIABETES	315,492	.949305	.999116
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	40,657,998	.174190	.183870
62	OBSERVATION BEDS (NON-DIS	3,830,655	.101611	.107232
63	INFUSION	12,125,701	.262859	.277915
63 01	COMMUNITY HEALTH CENTERS	2,960,133	.670384	.706158
63 02	RASC	7,459,367	.191617	.203415
63 50	RHC	207,570	2.521742	2.638392
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	4,003,417	.909404	.960646
101	SUBTOTAL	591,879,990		
102	LESS OBSERVATION BEDS	3,830,655		
103	TOTAL	588,049,335		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B,III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	1,064,447		1,064,447	2,381,771		2,381,771
27	INTENSIVE CARE UNIT	79,771		79,771	192,402		192,402
31	CORONARY CARE UNIT	99,996		99,996	229,276		229,276
31	SUBPROVIDER	17,703		17,703	33,309		33,309
31	01 SUB II - REHAB	153,058		153,058	304,424		304,424
33	NURSERY	36,260		36,260	92,537		92,537
101	TOTAL	1,451,235		1,451,235	3,233,719		3,233,719



# APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2009 I PART II  
 I 14-0186 I

## TITLE XVIII, PART A

## HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	448,766	2,066,974	79,857,288	29,212,159	.005620	164,172
38	RECOVERY ROOM	100,945	248,579	12,649,682	2,694,695	.007980	21,504
39	DELIVERY ROOM & LABOR ROO	69,357	277,012	4,100,198	812	.016916	14
40	ANESTHESIOLOGY	41,693	141,943	23,270,029	6,880,281	.001792	12,329
41	RADIOLOGY-DIAGNOSTIC	231,586	1,871,006	48,891,203	5,433,989	.004737	25,741
41 01	NUCLEAR MEDICINE-DIAGNOST	17,271	178,666	6,189,752	1,409,386	.002790	3,932
41 02	CARDIAC CATHETERIZATION L	179,260	1,265,266	70,827,630	25,142,444	.002531	63,636
41 22	CT SCAN	75,083	357,961	41,434,175	9,855,830	.001812	17,859
41 23	ULTRASOUND	35,045	220,567	9,914,180	1,656,653	.003535	5,856
41 26	MRI	48,459	158,616	11,365,169	2,169,325	.004264	9,250
42	RADIOLOGY-THERAPEUTIC	118,477	427,063	25,522,145	74,395	.004642	345
44	LABORATORY	363,128	862,515	75,025,428	19,224,906	.004840	93,049
46	WHOLE BLOOD & PACKED RED	1,684	3,700				
48	INTRAVENOUS THERAPY	48,764	167,064	7,278,220	3,448,122	.006700	23,102
49	RESPIRATORY THERAPY	66,078	208,407	13,039,016	5,834,762	.005068	29,571
50	PHYSICAL THERAPY	363,037	840,152	14,496,340	2,932,002	.025043	73,426
53	ELECTROCARDIOLOGY	80,521	243,709	13,312,666	3,814,465	.006048	23,070
55	MEDICAL SUPPLIES CHARGED	84,053	220,510	10,802,419	128,044	.007781	996
56	DRUGS CHARGED TO PATIENTS	65,863	129,923	43,911,613	20,259,430	.001500	30,389
58 01	RENAL DIALYSIS (IP)	2,286	5,960	667,787	471,570	.003423	1,614
59	CARDIAC REHAB	41,342	99,578	977,377	128,590	.042299	5,439
59 01	OP PSY/CDU	135,557	287,699	6,102,126	11,301	.022215	251
59 02	RIMMS	34,584	87,232	685,214		.050472	
59 03	GENETIC/OAK PLAZA CLINICS	59	132				
59 04	PAIN CLINIC	11	2,774				
59 05	DIABETES	19,142	30,042	315,492	507	.060673	31
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	213,727	552,938	40,657,998	7,750,332	.005257	40,743
62	OBSERVATION BEDS (NON-DIS	13,558	30,337	3,830,655	118,658	.003539	420
63	INFUSION	42,153	204,636	12,125,701		.003476	
63 01	COMMUNITY HEALTH CENTERS	8,210	285,705	2,960,133	1,566	.002774	4
63 02	RASC			7,459,367			
63 50	RHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	2,949,699	11,476,666	587,669,003	148,654,224		646,743

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2009 I PART II  
 I 14-0186 I I

## TITLE XVIII, PART A

## HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.025883	756,098
38	RECOVERY ROOM	.019651	52,953
39	DELIVERY ROOM & LABOR ROO	.067561	55
40	ANESTHESIOLOGY	.006100	41,970
41	RADIOLOGY-DIAGNOSTIC	.038269	207,953
41 01	NUCLEAR MEDICINE-DIAGNOST	.028865	40,682
41 02	CARDIAC CATHETERIZATION L	.017864	449,145
41 22	CT SCAN	.008639	85,145
41 23	ULTRASOUND	.022248	36,857
41 26	MRI	.013956	30,275
42	RADIOLOGY-THERAPEUTIC	.016733	1,245
44	LABORATORY	.011496	221,010
46	WHOLE BLOOD & PACKED RED		
48	INTRAVENOUS THERAPY	.022954	79,148
49	RESPIRATORY THERAPY	.015983	93,257
50	PHYSICAL THERAPY	.057956	169,927
53	ELECTROCARDIOLOGY	.018307	69,831
55	MEDICAL SUPPLIES CHARGED	.020413	2,614
56	DRUGS CHARGED TO PATIENTS	.002959	59,948
58 01	RENAL DIALYSIS (IP)	.008925	4,209
59	CARDIAC REHAB	.101883	13,101
59 01	OP PSY/CDU	.047147	533
59 02	RIMMS	.127306	
59 03	GENETIC/OAK PLAZA CLINICS		
59 04	PAIN CLINIC		
59 05	DIABETES	.095223	48
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.013600	105,405
62	OBSERVATION BEDS (NON-DIS	.007920	940
63	INFUSION	.016876	
63 01	COMMUNITY HEALTH CENTERS	.096518	151
63 02	RASC		
63 50	RHC		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		2,522,500

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XVIII, PART A

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
I 14-0186 I FROM 1/ 1/2009 I WORKSHEET D  
I I TO 12/31/2009 I PART III  
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS		246,155		246,155	50,796	4.85
26	INTENSIVE CARE UNIT		72,935		72,935	2,991	24.38
27	CORONARY CARE UNIT		145,870		145,870	2,978	48.98
31	SUBPROVIDER						
31 01	SUB II - REHAB		9,117		9,117	4,724	1.93
33	NURSERY					2,751	
101	TOTAL		474,077		474,077	64,240	



WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	21,878	106,108
26	INTENSIVE CARE UNIT	1,943	47,370
27	CORONARY CARE UNIT	2,239	109,666
31	SUBPROVIDER		
31 01	SUB II - REHAB	3,740	7,218
33	NURSERY		
101	TOTAL	29,800	270,362

OTHER PASS THROUGH COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2009 I PART IV  
 I 14-0186 I  
 PPS

TITLE XVIII, PART A

HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
38	OPERATING ROOM											
39	RECOVERY ROOM											
40	DELIVERY ROOM & LABOR ROO											
41	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
41	01 NUCLEAR MEDICINE-DIAGNOST											
41	02 CARDIAC CATHETERIZATION L											
41	22 CT SCAN											
41	23 ULTRASOUND											
41	26 MRI											
42	RADIOLOGY-THERAPEUTIC											
44	LABORATORY											
46	WHOLE BLOOD & PACKED RED											
48	INTRAVENOUS THERAPY											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
53	ELECTROCARDIOLOGY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
58	01 RENAL DIALYSIS (IP)											
59	CARDIAC REHAB											
59	01 OP PSY/CDU											
59	02 RIMMS											
59	03 GENETIC/OAK PLAZA CLINICS											
59	04 PAIN CLINIC											
59	05 DIABETES											
61	OUTPAT SERVICE COST CNTRS											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
63	INFUSION											
63	01 COMMUNITY HEALTH CENTERS											
63	02 RASC											
63	50 RHC											
65	OTHER REIMBURS COST CNTRS											
65	AMBULANCE SERVICES											
101	TOTAL											

395,160

TITLE XVIII, PART A		HOSPITAL		PPS						
WKST A	COST CENTER DESCRIPTION	TOTAL	O/P	PASS THRU	TOTAL	RATIO OF COST	O/P	RATIO OF	INPAT PROG	INPAT PROG
LINE NO.		COSTS		COSTS	CHARGES	TO CHARGES	CST	TO CHARGES	CHARGE	PASS THRU COST
		3		3.01	4	5		5.01	6	7
	ANCILLARY SRVC COST CNTRS									
37	OPERATING ROOM	36,467		36,467	79,857,288	.000457		.000457	29,212,159	13,350
38	RECOVERY ROOM				12,649,682				2,694,695	
39	DELIVERY ROOM & LABOR ROO				4,100,198				812	
40	ANESTHESIOLOGY				23,270,029				6,880,281	
41	RADIOLOGY-DIAGNOSTIC				48,891,203				5,433,989	
41 01	NUCLEAR MEDICINE-DIAGNOST				6,189,752				1,409,386	
41 02	CARDIAC CATHETERIZATION L				70,827,630				25,142,444	
41 22	CT SCAN				41,434,175				9,855,830	
41 23	ULTRASOUND				9,914,180				1,656,653	
41 26	MRI				11,365,169				2,169,325	
42	RADIOLOGY-THERAPEUTIC				25,522,145				74,395	
44	LABORATORY				75,025,428				19,224,906	
46	WHOLE BLOOD & PACKED RED									
48	INTRAVENOUS THERAPY				7,278,220				3,448,122	
49	RESPIRATORY THERAPY	63,818		63,818	13,039,016	.004894		.004894	5,834,762	28,555
50	PHYSICAL THERAPY				14,496,340				2,932,002	
53	ELECTROCARDIOLOGY				13,312,666				3,814,465	
55	MEDICAL SUPPLIES CHARGED				10,802,419				128,044	
56	DRUGS CHARGED TO PATIENTS				43,911,613				20,259,430	
58 01	RENAL DIALYSIS (IP)				667,787				471,570	
59	CARDIAC REHAB				977,377				128,590	
59 01	OP PSY/CDU				6,102,126				11,301	
59 02	RIMMS				685,214					
59 03	GENETIC/OAK PLAZA CLINICS									
59 04	PAIN CLINIC									
59 05	DIABETES				315,492				507	
	OUTPAT SERVICE COST CNTRS									
61	EMERGENCY	291,740		291,740	40,657,998	.007175		.007175	7,750,332	55,609
62	OBSERVATION BEDS (NON-DIS	3,135		3,135	3,830,655	.000818		.000818	118,658	97
63	INFUSION				12,125,701					
63 01	COMMUNITY HEALTH CENTERS				2,960,133				1,566	
63 02	RASC				7,459,367					
63 50	RHC									
	OTHER REIMBURS COST CNTRS									
65	AMBULANCE SERVICES									
101	TOTAL	395,160		395,160	587,669,003				148,654,224	97,611

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
I 14-0186 I FROM 1/ 1/2009 I WORKSHEET D  
I COMPONENT NO: I TO 12/31/2009 I PART IV  
I 14-0186 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	10,581,939					
38	RECOVERY ROOM	1,585,566			4,836		
39	DELIVERY ROOM & LABOR ROO	3,989					
40	ANESTHESIOLOGY	2,078,305					
41	RADIOLOGY-DIAGNOSTIC	16,270,379					
41 01	NUCLEAR MEDICINE-DIAGNOST	1,988,655					
41 02	CARDIAC CATHETERIZATION L	24,724,408					
41 22	CT SCAN	7,227,657					
41 23	ULTRASOUND	1,517,399					
41 26	MRI	2,307,304					
42	RADIOLOGY-THERAPEUTIC	11,582,061					
44	LABORATORY	16,822,838					
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY	351,623					
49	RESPIRATORY THERAPY	1,358,830			6,650		
50	PHYSICAL THERAPY	2,071,381					
53	ELECTROCARDIOLOGY	2,568,557					
55	MEDICAL SUPPLIES CHARGED	6,283					
56	DRUGS CHARGED TO PATIENTS	2,359,146					
58 01	RENAL DIALYSIS (IP)						
59	CARDIAC REHAB	469,111					
59 01	OP PSY/CDU	665,630					
59 02	RIMMS						
59 03	GENETIC/OAK PLAZA CLINICS						
59 04	PAIN CLINIC						
59 05	DIABETES	131,489					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,040,973			36,169		
62	OBSERVATION BEDS (NON-DIS	1,352,516			1,106		
63	INFUSION	7,992,557					
63 01	COMMUNITY HEALTH CENTERS	261,304					
63 02	RASC						
63 50	RHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	121,319,900			48,761		

TITLE XVIII, PART B

HOSPITAL

Cost Center Description		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
		1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.370657	.370657			
38	RECOVERY ROOM	.280675	.280675			
39	DELIVERY ROOM & LABOR ROOM	.665342	.665342			
40	ANESTHESIOLOGY	.077649	.077649			
41	RADIOLOGY-DIAGNOSTIC	.226888	.226888			
41 01	NUCLEAR MEDICINE-DIAGNOSTIC	.158455	.158455			
41 02	CARDIAC CATHETERIZATION LABORATORY	.180209	.180209			
41 22	CT SCAN	.055087	.055087			
41 23	ULTRASOUND	.135852	.135852			
41 26	MRI	.077741	.077741			
42	RADIOLOGY-THERAPEUTIC	.278268	.278268			
44	LABORATORY	.165821	.165821			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
48	INTRAVENOUS THERAPY	.479195	.479195			
49	RESPIRATORY THERAPY	.258980	.258980			
50	PHYSICAL THERAPY	.485552	.485552			
53	ELECTROCARDIOLOGY	.148184	.148184			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.218814	.218814			
56	DRUGS CHARGED TO PATIENTS	.171061	.171061			
58 01	RENAL DIALYSIS (IP)	.614960	.614960			
59	CARDIAC REHAB	.926444	.926444			
59 01	OP PSY/CDU	.349023	.349023			
59 02	RIMMS	1.318960	1.318960			
59 03	GENETIC/OAK PLAZA CLINICS					
59 04	PAIN CLINIC					
59 05	DIABETES	1.014704	1.014704			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	.185756	.185756			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.108378	.108378			
63	INFUSION	.279951	.279951			
63 01	COMMUNITY HEALTH CENTERS	.716087	.716087			
63 02	RASC	.203415	.203415			
63 50	RHC					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	.969220	.969220			
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2009 I PART V  
 I 14-0186 I I

TITLE XVIII, PART B

HOSPITAL

All Other (1)

PPS Services  
FYB to 12/31

Non-PPS  
Services

PPS Services  
1/1 to FYE

Outpatient  
Ambulatory  
Surgical Ctr

Cost Center Description

5

5.01

5.02

5.03

6

(A)	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		10,581,939		
38	RECOVERY ROOM		1,585,566		
39	DELIVERY ROOM & LABOR ROOM		3,989		
40	ANESTHESIOLOGY		2,078,305		
41	RADIOLOGY-DIAGNOSTIC		16,270,379		
41 01	NUCLEAR MEDICINE-DIAGNOSTIC		1,988,655		
41 02	CARDIAC CATHETERIZATION LABORATORY		24,724,408		
41 22	CT SCAN		7,227,657		
41 23	ULTRASOUND		1,517,399		
41 26	MRI		2,307,304		
42	RADIOLOGY-THERAPEUTIC		11,582,061		
44	LABORATORY		16,822,838		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS				
48	INTRAVENOUS THERAPY		351,623		
49	RESPIRATORY THERAPY		1,358,830		
50	PHYSICAL THERAPY		2,071,381		
53	ELECTROCARDIOLOGY		2,568,557		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		6,283		
56	DRUGS CHARGED TO PATIENTS		2,359,146		
58 01	RENAL DIALYSIS (IP)				
59	CARDIAC REHAB		469,111		
59 01	OP PSY/CDU		665,630		
59 02	RIMMS				
59 03	GENETIC/OAK PLAZA CLINICS				
59 04	PAIN CLINIC				
59 05	DIABETES		131,489		
	OUTPAT SERVICE COST CNTRS				
61	EMERGENCY		5,040,973		
62	OBSERVATION BEDS (NON-DISTINCT PART)		1,352,516		
63	INFUSION		7,992,557		
63 01	COMMUNITY HEALTH CENTERS		261,304		
63 02	RASC				
63 50	RHC				
	<del>OTHER REIMBURS COST CNTRS</del>				
65	AMBULANCE SERVICES				
101	SUBTOTAL		121,319,900		
102	CRNA CHARGES				
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES				
104	NET CHARGES		121,319,900		

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B		HOSPITAL				
		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				3,922,270	
38	RECOVERY ROOM				445,029	
39	DELIVERY ROOM & LABOR ROOM				2,654	
40	ANESTHESIOLOGY				161,378	
41	RADIOLOGY-DIAGNOSTIC				3,691,554	
41 01	NUCLEAR MEDICINE-DIAGNOSTIC				315,112	
41 02	CARDIAC CATHETERIZATION LABORATORY				4,455,561	
41 22	CT SCAN				398,150	
41 23	ULTRASOUND				206,142	
41 26	MRI				179,372	
42	RADIOLOGY-THERAPEUTIC				3,222,917	
44	LABORATORY				2,789,580	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
48	INTRAVENOUS THERAPY				168,496	
49	RESPIRATORY THERAPY				351,910	
50	PHYSICAL THERAPY				1,005,763	
53	ELECTROCARDIOLOGY				380,619	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				1,375	
56	DRUGS CHARGED TO PATIENTS				403,558	
58 01	RENAL DIALYSIS (IP)					
59	CARDIAC REHAB				434,605	
59 01	OP PSY/CDU				232,320	
59 02	RIMMS					
59 03	GENETIC/OAK PLAZA CLINICS					
59 04	PAIN CLINIC					
59 05	DIABETES				133,422	
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY				936,391	
62	OBSERVATION BEDS (NON-DISTINCT PART)				146,583	
63	INFUSION				2,237,524	
63 01	COMMUNITY HEALTH CENTERS				187,116	
63 02	RASC					
63 50	RHC					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL				26,409,401	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-- PROGRAM ONLY CHARGES					
104	NET CHARGES				26,409,401	

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P  
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 NUCLEAR MEDICINE-DIAGNOSTIC			
41 02 CARDIAC CATHETERIZATION LABORATORY			
41 22 CT SCAN			
41 23 ULTRASOUND			
41 26 MRI			
42 RADIOLOGY-THERAPEUTIC			
44 LABORATORY			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
58 01 RENAL DIALYSIS (IP)			
59 CARDIAC REHAB			
59 01 OP PSY/CDU			
59 02 RIMMS			
59 03 GENETIC/OAK PLAZA CLINICS			
59 04 PAIN CLINIC			
59 05 DIABETES			
61 OUTPAT SERVICE COST CNTRS			
62 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
63 INFUSION			
63 01 COMMUNITY HEALTH CENTERS			
63 02 RASC			
63 50 RHC			
65 OTHER REIMBURS COST CNTRS			
101 AMBULANCE SERVICES			
102 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			



I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2009 I PART II  
 I 14-T186 I

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

## TITLE XVIII, PART A

## SUBPROVIDER 2

## PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	448,766	2,066,974	79,857,288	40,613	.005620	228
39	RECOVERY ROOM	100,945	248,579	12,649,682	4,628	.007980	37
40	DELIVERY ROOM & LABOR ROO	69,357	277,012	4,100,198		.016916	
41	ANESTHESIOLOGY	41,693	141,943	23,270,029	8,124	.001792	15
41	RADIOLOGY-DIAGNOSTIC	231,586	1,871,006	48,891,203	93,671	.004737	444
41 01	NUCLEAR MEDICINE-DIAGNOST	17,271	178,666	6,189,752	1,081	.002790	3
41 02	CARDIAC CATHETERIZATION L	179,260	1,265,266	70,827,630		.002531	
41 22	CT SCAN	75,083	357,961	41,434,175	116,249	.001812	211
41 23	ULTRASOUND	35,045	220,567	9,914,180	75,509	.003535	267
41 26	MRI	48,459	158,616	11,365,169	29,918	.004264	128
42	RADIOLOGY-THERAPEUTIC	118,477	427,063	25,522,145		.004642	
44	LABORATORY	363,128	862,515	75,025,428	430,358	.004840	2,083
46	WHOLE BLOOD & PACKED RED	1,684	3,700				
48	INTRAVENOUS THERAPY	48,764	167,064	7,278,220	20,628	.006700	138
49	RESPIRATORY THERAPY	66,078	208,407	13,039,016	261,503	.005068	1,325
50	PHYSICAL THERAPY	363,037	840,152	14,496,340	3,387,516	.025043	84,834
53	ELECTROCARDIOLOGY	80,521	243,709	13,312,666	26,818	.006048	162
55	MEDICAL SUPPLIES CHARGED	84,053	220,510	10,802,419	4,095	.007781	32
56	DRUGS CHARGED TO PATIENTS	65,863	129,923	43,911,613	1,041,410	.001500	1,562
58 01	RENAL DIALYSIS (IP)	2,286	5,960	667,787	34,890	.003423	119
59	CARDIAC REHAB	41,342	99,578	977,377	714	.042299	30
59 01	OP PSY/CDU	135,557	287,699	6,102,126		.022215	
59 02	RIMMS	34,584	87,232	685,214		.050472	
59 03	GENETIC/OAK PLAZA CLINICS	59	132				
59 04	PAIN CLINIC	11	2,774				
59 05	DIABETES	19,142	30,042	315,492		.060673	
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY	213,727	552,938	40,657,998		.005257	
63	OBSERVATION BEDS (NON-DIS	13,558	30,337	3,830,655		.003539	
63	INFUSION	42,153	204,636	12,125,701		.003476	
63 01	COMMUNITY HEALTH CENTERS	8,210	285,705	2,960,133		.002774	
63 02	RASC			7,459,367			
63 50	RHC						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	2,949,699	11,476,666	587,669,003	5,577,725		91,618

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2009 I PART II  
 I 14-T186 I

## TITLE XVIII, PART A

## SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG 7	RATIO 8	COSTS
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.025883		1,051
38	RECOVERY ROOM	.019651		91
39	DELIVERY ROOM & LABOR ROO	.067561		
40	ANESTHESIOLOGY	.006100		50
41	RADIOLOGY-DIAGNOSTIC	.038269		3,585
41 01	NUCLEAR MEDICINE-DIAGNOST	.028865		31
41 02	CARDIAC CATHETERIZATION L	.017864		
41 22	CT SCAN	.008639		1,004
41 23	ULTRASOUND	.022248		1,680
41 26	MRI	.013956		418
42	RADIOLOGY-THERAPEUTIC	.016733		
44	LABORATORY	.011496		4,947
46	WHOLE BLOOD & PACKED RED			
48	INTRAVENOUS THERAPY	.022954		473
49	RESPIRATORY THERAPY	.015983		4,180
50	PHYSICAL THERAPY	.057956		196,327
53	ELECTROCARDIOLOGY	.018307		491
55	MEDICAL SUPPLIES CHARGED	.020413		84
56	DRUGS CHARGED TO PATIENTS	.002959		3,082
58 01	RENAL DIALYSIS (IP)	.008925		311
59	CARDIAC REHAB	.101883		73
59 01	OP PSY/CDU	.047147		
59 02	RIMMS	.127306		
59 03	GENETIC/OAK PLAZA CLINICS			
59 04	PAIN CLINIC			
59 05	DIABETES	.095223		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.013600		
62	OBSERVATION BEDS (NON-DIS	.007920		
63	INFUSION	.016876		
63 01	COMMUNITY HEALTH CENTERS	.096518		
63 02	RASC			
63 50	RHC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL			217,878

TITLE XVIII, PART A

SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM			36,467			
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE-DIAGNOST						
41	02 CARDIAC CATHETERIZATION L						
41	22 CT SCAN						
41	23 ULTRASOUND						
41	26 MRI						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY			63,818			
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	01 RENAL DIALYSIS (IP)						
59	CARDIAC REHAB						
59	01 OP PSY/CDU						
59	02 RIMMS						
59	03 GENETIC/OAK PLAZA CLINICS						
59	04 PAIN CLINIC						
59	05 DIABETES						
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY			291,740			
62	OBSERVATION BEDS (NON-DIS			3,135			
63	INFUSION						
63	01 COMMUNITY HEALTH CENTERS						
63	02 RASC						
63	50 RHC						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL			395,160			

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM	36,467	36,467	79,857,288	.000457	.000457	40,613	19
39	RECOVERY ROOM			12,649,682			4,628	
40	DELIVERY ROOM & LABOR ROO			4,100,198				
41	ANESTHESIOLOGY			23,270,029			8,124	
41	RADIOLOGY-DIAGNOSTIC			48,891,203			93,671	
41 01	NUCLEAR MEDICINE-DIAGNOST			6,189,752			1,081	
41 02	CARDIAC CATHETERIZATION L			70,827,630				
41 22	CT SCAN			41,434,175			116,249	
41 23	ULTRASOUND			9,914,180			75,509	
41 26	MRI			11,365,169			29,918	
42	RADIOLOGY-THERAPEUTIC			25,522,145				
44	LABORATORY			75,025,428			430,358	
46	WHOLE BLOOD & PACKED RED							
48	INTRAVENOUS THERAPY			7,278,220			20,628	
49	RESPIRATORY THERAPY	63,818	63,818	13,039,016	.004894	.004894	261,503	1,280
50	PHYSICAL THERAPY			14,496,340			3,387,516	
53	ELECTROCARDIOLOGY			13,312,666			26,818	
55	MEDICAL SUPPLIES CHARGED			10,802,419			4,095	
56	DRUGS CHARGED TO PATIENTS			43,911,613			1,041,410	
58 01	RENAL DIALYSIS (IP)			667,787			34,890	
59	CARDIAC REHAB			977,377			714	
59 01	OP PSY/CDU			6,102,126				
59 02	RIMMS			685,214				
59 03	GENETIC/OAK PLAZA CLINICS							
59 04	PAIN CLINIC							
59 05	DIABETES			315,492				
61	OUTPAT SERVICE COST CNTRS							
62	EMERGENCY	291,740	291,740	40,657,998	.007175	.007175		
63	OBSERVATION BEDS (NON-DIS	3,135	3,135	3,830,655	.000818	.000818		
63	INFUSION			12,125,701				
63 01	COMMUNITY HEALTH CENTERS			2,960,133				
63 02	RASC			7,459,367				
63 50	RHC							
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	395,160	395,160	587,669,003			5,577,725	1,299

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	NUCLEAR MEDICINE-DIAGNOST						
41 02	CARDIAC CATHETERIZATION L						
41 22	CT SCAN						
41 23	ULTRASOUND						
41 26	MRI						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58 01	RENAL DIALYSIS (IP)						
59	CARDIAC REHAB						
59 01	OP PSY/CDU						
59 02	RIMMS						
59 03	GENETIC/OAK PLAZA CLINICS						
59 04	PAIN CLINIC						
59 05	DIABETES						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	INFUSION						
63 01	COMMUNITY HEALTH CENTERS						
63 02	RASC						
63 50	RHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 5/28/2010
I 14-0186	I FROM 1/ 1/2009	I WORKSHEET D-1
I COMPONENT NO:	I TO 12/31/2009	I PART I
I 14-0186	I	I

TITLE XVIII PART A

HOSPITAL

PPS

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	50,796
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	50,796
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	50,796
6	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
7	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
8	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
10	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
12	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
13	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	21,878
14	(EXCLUDING SWING-BED AND NEWBORN DAYS)	
15	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
16	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
17	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
18	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
19	YEAR, ENTER 0 ON THIS LINE)	
20	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING	
21	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
22	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING	
23	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
24	YEAR, ENTER 0 ON THIS LINE)	
25	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
26	(EXCLUDING SWING-BED DAYS)	
27	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
28	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH	
18	DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER	
20	DECEMBER 31 OF THE COST REPORTING PERIOD	
21	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH	
22	DECEMBER 31 OF THE COST REPORTING PERIOD	
23	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER	
24	DECEMBER 31 OF THE COST REPORTING PERIOD	
25	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	32,594,508
26	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
27	REPORTING PERIOD	
28	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
29	REPORTING PERIOD	
30	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
31	REPORTING PERIOD	
32	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
33	REPORTING PERIOD	
34	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
35	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	32,594,508

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	23,160,038
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	23,160,038
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.407360
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	455.94
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM	32,594,508
	COST DIFFERENTIAL	

## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2009 I PART II  
 I 14-0186 I I

TITLE XVIII PART A

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

 PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	641.67
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	14,038,456
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	14,038,456

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	3,703,470	2,991	1,238.20	1,943	2,405,823
44	4,836,234	2,978	1,623.99	2,239	3,636,114
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

## PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2,171,946
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	3,266,854
52	TOTAL PROGRAM EXCLUDABLE COST	5,438,800
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	47,481,985

## TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

## PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE  
SERVICE COST  
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
68 PROGRAM ROUTINE SERVICE COST  
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM  
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS  
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS  
72 PER DIEM CAPITAL-RELATED COSTS  
73 PROGRAM CAPITAL-RELATED COSTS  
74 INPATIENT ROUTINE SERVICE COST  
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS  
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION  
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION  
78 INPATIENT ROUTINE SERVICE COST LIMITATION  
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS  
80 PROGRAM INPATIENT ANCILLARY SERVICES  
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION  
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

1

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	647
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	641.67
85	OBSERVATION BED COST	415,160

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST	1,064,447	32,594,508	.032657	415,160	13,558
87 NEW CAPITAL-RELATED COST	2,381,771	32,594,508	.073073	415,160	30,337
88 NON PHYSICIAN ANESTHETIST		32,594,508		415,160	
89 MEDICAL EDUCATION	246,155	32,594,508	.007552	415,160	3,135
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					



TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

- 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)
- 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)
- 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)
- 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)
- 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 7 TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 8 TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 9 TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)
- 10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)
- 15 TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)
- 16 NURSERY DAYS (TITLE V OR XIX ONLY)

SWING-BED ADJUSTMENT

- 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
- 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
- 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST
- 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
- 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
- 26 TOTAL SWING-BED COST (SEE INSTRUCTIONS)
- 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

- 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)
- 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
- 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
- 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO
- 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE
- 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE
- 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL
- 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL
- 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT
- 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES  
 52 TOTAL PROGRAM EXCLUDABLE COST  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A SUBPROVIDER I PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST  
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
68 PROGRAM ROUTINE SERVICE COST  
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM  
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS  
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS  
72 PER DIEM CAPITAL-RELATED COSTS  
73 PROGRAM CAPITAL-RELATED COSTS  
74 INPATIENT ROUTINE SERVICE COST  
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS  
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION  
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION  
78 INPATIENT ROUTINE SERVICE COST LIMITATION  
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS  
80 PROGRAM INPATIENT ANCILLARY SERVICES  
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION  
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS  
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM  
85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST					
87 NEW CAPITAL-RELATED COST					
88 NON PHYSICIAN ANESTHETIST					
89 MEDICAL EDUCATION					
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					



## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2009 I PART II  
 I 14-T186 I I

TITLE XVIII PART A

SUBPROVIDER II

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

 PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	739.76
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,766,702
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,766,702

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				1
49	TOTAL PROGRAM INPATIENT COSTS				2,056,646
					4,823,348

## PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	369,400
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	310,795
52	TOTAL PROGRAM EXCLUDABLE COST	680,195
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	4,143,153

## TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

## PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A SUBPROVIDER II PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE  
SERVICE COST  
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
68 PROGRAM ROUTINE SERVICE COST  
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM  
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS  
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS  
72 PER DIEM CAPITAL-RELATED COSTS  
73 PROGRAM CAPITAL-RELATED COSTS  
74 INPATIENT ROUTINE SERVICE COST  
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS  
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION  
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION  
78 INPATIENT ROUTINE SERVICE COST LIMITATION  
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS  
80 PROGRAM INPATIENT ANCILLARY SERVICES  
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION  
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS  
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM  
85 OBSERVATION BED COST

739.76

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1 COST	2 ROUTINE COST	3 COLUMN 1 DIVIDED BY COLUMN 2	4 TOTAL OBSERVATION BED COST	5 OBSERVATION BED PASS THROUGH COST
86 OLD CAPITAL-RELATED COST	153,058	3,494,626	.043798		
87 NEW CAPITAL-RELATED COST	304,424	3,494,626	.087112		
88 NON PHYSICIAN ANESTHETIST		3,494,626			
89 MEDICAL EDUCATION	9,117	3,494,626	.002609		
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2010
I	14-0186	I	FROM 1/ 1/2009	I	WORKSHEET	D-1
I	COMPONENT NO:	I	TO 12/31/2009	I	PART	I
I	14-0186	I		I		

TITLE XIX - I/P

HOSPITAL

OTHER

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	50,796
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	50,796
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	50,796
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	12,686
	(EXCLUDING SWING-BED AND NEWBORN DAYS)	
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
	YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING	
	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING	
	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
	YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
	(EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	2,751
16	NURSERY DAYS (TITLE V OR XIX ONLY)	1,538

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	32,576,369
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	32,576,369

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM	32,576,369
	COST DIFFERENTIAL	

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 641.32  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 8,135,786  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 8,135,786

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
42 NURSERY (TITLE V & XIX ONLY)	1	2	3	4	5
INTENSIVE CARE TYPE INPATIENT	2,517,867	2,751	915.26	1,538	1,407,670
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	3,703,470	2,991	1,238.20	98	121,344
44 CORONARY CARE UNIT	4,836,234	2,978	1,623.99	565	917,554
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1  
 49 TOTAL PROGRAM INPATIENT COSTS 10,582,354

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES  
 52 TOTAL PROGRAM EXCLUDABLE COST  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
~~55 TARGET AMOUNT PER DISCHARGE~~  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS



TITLE XIX - I/P	HOSPITAL	OTHER
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PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	647
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	641.32
85	OBSERVATION BED COST	414,934

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P

SUBPROVIDER I

OTHER

PART I - ALL PROVIDER COMPONENTS

1.

INPATIENT DAYS

- 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)
- 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)
- 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)
- 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)
- 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 7 TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 8 TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 9 TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)
- 10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)
- 15 TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)
- 16 NURSERY DAYS (TITLE V OR XIX ONLY)

SWING-BED ADJUSTMENT

- 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
- 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
- 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST
- 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
- 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
- 26 TOTAL SWING-BED COST (SEE INSTRUCTIONS)
- 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

- 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)
- 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
- 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
- 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO
- 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE
- 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE
- 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL
- 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL
- 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT
- 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2010
I	14-0186	I	FROM 1/ 1/2009	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 12/31/2009	I	PART II
I	-	I		I	

TITLE XIX - I/P

SUBPROVIDER I

OTHER

## PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST  
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					

## PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES  
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES  
52 TOTAL PROGRAM EXCLUDABLE COST  
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
ANESTHETIST, AND MEDICAL EDUCATION COSTS

## TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
55 TARGET AMOUNT PER DISCHARGE  
56 TARGET AMOUNT  
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
58 BONUS PAYMENT  
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
AND COMPOUNDED BY THE MARKET BASKET  
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
BASKET  
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
OTHERWISE ENTER ZERO.  
58.04 RELIEF PAYMENT  
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
59.03 PROGRAM DISCHARGES AFTER JULY 1  
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
(SEE INSTRUCTIONS) (LTCH ONLY)  
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
(SEE INSTRUCTIONS) (LTCH ONLY)  
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

## PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST  
REPORTING PERIOD (SEE INSTRUCTIONS)  
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST  
REPORTING PERIOD (SEE INSTRUCTIONS)  
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE  
COST REPORTING PERIOD  
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE  
COST REPORTING PERIOD  
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 5/28/2010
I 14-0186	I FROM 1/ 1/2009	I WORKSHEET D-1
I COMPONENT NO:	I TO 12/31/2009	I PART III
I -	I	I

TITLE XIX - I/P

SUBPROVIDER I

OTHER

## PART III - SKILLED NURSING FACILITY, NURSING FACILITY &amp; ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE  
SERVICE COST  
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
68 PROGRAM ROUTINE SERVICE COST  
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM  
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS  
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS  
72 PER DIEM CAPITAL-RELATED COSTS  
73 PROGRAM CAPITAL-RELATED COSTS  
74 INPATIENT ROUTINE SERVICE COST  
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS  
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION  
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION  
78 INPATIENT ROUTINE SERVICE COST LIMITATION  
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS  
80 PROGRAM INPATIENT ANCILLARY SERVICES  
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION  
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

## PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS  
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM  
85 OBSERVATION BED COST

## COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST					
87 NEW CAPITAL-RELATED COST					
88 NON PHYSICIAN ANESTHETIST					
89 MEDICAL EDUCATION					
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

## COMPUTATION OF INPATIENT OPERATING COST

IN LIEU OF FORM CMS-2552-96(05/2004)  
 PROVIDER NO: 14-0186 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/28/2010  
 COMPONENT NO: 14-T186 WORKSHEET D-1  
 PART I

TITLE XIX - I/P

SUBPROVIDER II

OTHER

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,724
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,724
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	4,724
6	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
7	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	180
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,494,626
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,494,626

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,494,626

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2010
I	14-0186	I	FROM 1/ 1/2009	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 12/31/2009	I	PART II
I	14-T186	I		I	

TITLE XIX - I/P

SUBPROVIDER II

OTHER

## PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	739.76
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	133,157
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	133,157

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				133,157

## PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

## TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
<del>55</del>	<del>TARGET AMOUNT PER DISCHARGE</del>
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

## PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

## COMPUTATION OF INPATIENT OPERATING COST

IN LIEU OF FORM CMS-2552-90(03/2004) UNID  
 I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2009 I PART III  
 I 14-T186 I I

TITLE XIX - I/P

SUBPROVIDER II

OTHER

## PART III - SKILLED NURSING FACILITY, NURSING FACILITY &amp; ICF/MR ONLY

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE  
 SERVICE COST  
 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
 68 PROGRAM ROUTINE SERVICE COST  
 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM  
 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS  
 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS  
 72 PER DIEM CAPITAL-RELATED COSTS  
 73 PROGRAM CAPITAL-RELATED COSTS  
 74 INPATIENT ROUTINE SERVICE COST  
 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS  
 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION  
 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION  
 78 INPATIENT ROUTINE SERVICE COST LIMITATION  
 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS  
 80 PROGRAM INPATIENT ANCILLARY SERVICES  
 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION  
 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

1

## PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM  
 85 OBSERVATION BED COST

739.76

## COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST					
87 NEW CAPITAL-RELATED COST					
88 NON PHYSICIAN ANESTHETIST					
89 MEDICAL EDUCATION					
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

PART I-NOT IN APPROVED TEACHING PROGRAM

COST CENTERS		PERCENT OF ASSIGNED TIME	EXPENSE ALLOCATION	TOTAL INPATIENT DAYS-ALL PATIENTS
		1	2	3
1	TOTAL COST OF SERVICES RENDERED	100.00		
	HOSPITAL INPATIENT ROUTINE SERVICES:			
2	ADULTS & PEDIATRICS			50,796
3	INTENSIVE CARE UNIT			2,991
4	CORONARY CARE UNIT			2,978
8	NURSERY			2,751
9	SUBTOTAL			
10	SUBPROVIDER			
10.01	SUB II - REHAB			4,724
15	HOME HEALTH AGENCY			
17.01	RENAL DIALYSIS (IP)			
19	SUBTOTAL			

		TOTAL CHARGES
21	EMERGENCY	40,657,998
22	OBSERVATION BEDS (NON-DISTINCT PART)	3,830,655
23	INFUSION	12,125,701
23.01	COMMUNITY HEALTH CENTERS	2,960,133
23.02	RASC	7,459,367
23.50	RHC	207,570
24	SUBTOTAL	
25	TOTAL	

PART II-IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)

COST CENTER		EXPENSES ALLOC TO COST CENTRS ON W/S B, PT 1 COLS 22 & 23	SWING BED AMOUNT	NET COST
		1	2	3
	HOSPITAL INPATIENT ROUTINE SERVICES:			
26	ADULTS & PEDIATRICS			
27	SWING BED - SNF			
28	SWING BED - NF			
29	INTENSIVE CARE UNIT			
30	CORONARY CARE UNIT			
34	SUBTOTAL			
35	SUBPROVIDER			
35.01	SUB II - REHAB			
38	TOTAL			

PART III-SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

COST CENTERS		NOT IN APPROVED TEACHING PROGRAM (FROM PART I)	AMOUNT
		1	2
39	HOSPITAL		
40	INPATIENT	CL 9, LN 9	
41	OUTPATIENT	CL 9, LN 24	
41	TOTAL HOSPITAL		
42	SUBPROVIDER	CL 9, LN 10	
42.01	SUB II - REHAB	CL 9, LN 10.01	



PART I--NOT IN APPROVED TEACHING PROGRAM

COST CENTERS		AVERAGE COST PER DAY	---HEALTH CARE TITLE V	PROGRAM INPATIENT DAYS--- TITLE XVIII PART B	TITLE XIX	TITLE V
		4	5	6	7	8
1	TOTAL COST OF SERVICES RENDERED					
	HOSPITAL INPATIENT ROUTINE SERVICES:					
2	ADULTS & PEDIATRICS					
3	INTENSIVE CARE UNIT					
4	CORONARY CARE UNIT					
8	NURSERY					
9	SUBTOTAL					
10	SUBPROVIDER					
10.01	SUB II - REHAB					
15	HOME HEALTH AGENCY					
17.01	RENAL DIALYSIS (IP)					
19	SUBTOTAL					

		RATIO OF COST TO CHARGES	----- OUTPATIENT TITLE V	CHARGES TITLE XVIII PART B	----- TITLE XIX	OUTPAT COST TITLE V
21	EMERGENCY					
22	OBSERVATION BEDS (NON-DISTINCT PART)					
23	INFUSION					
23.01	COMMUNITY HEALTH CENTERS					
23.02	RASC					
23.50	RHC					
24	SUBTOTAL					
25	TOTAL					

PART II--IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)

COST CENTERS		TOTAL INPATIENT DAYS ALL PATIENTS	AVERAGE COST PER DAY	TITLE XVIII PART B INPATIENT DAYS	EXPENSES APPLICABLE TO TITLE XVIII
		4	5	6	7
	HOSPITAL INPATIENT ROUTINE SERVICES:				
26	ADULTS & PEDIATRICS				
27	SWING BED - SNF				
28	SWING BED - NP				
29	INTENSIVE CARE UNIT				
30	CORONARY CARE UNIT				
34	SUBTOTAL				
35	SUBPROVIDER				
35.01	SUB II - REHAB				
38	TOTAL				

PART III--SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

		--IN APPROVED TEACH PROG-- (PT II. COL.7)	AMOUNT 4	--TOTAL TITLE XVIII COSTS-- (W/S E, PT B) (COLS 2 + 4)
		3	5	6
39	HOSPITAL			
40	INPATIENT	LINE 34		
41	OUTPATIENT			LINE 2
42	TOTAL HOSPITAL			LINE 2
42	SUBPROVIDER	LINE 35		LINE 2
42.01	SUB II - REHAB	LINE 35.01		LINE 2

PART I-NOT IN APPROVED TEACHING PROGRAM

COST CENTERS		TITLE XVIII	TITLE XIX
1	TOTAL COST OF SERVICES RENDERED	9	10
HOSPITAL INPATIENT ROUTINE SERVICES:			
2	ADULTS & PEDIATRICS		
3	INTENSIVE CARE UNIT		
4	CORONARY CARE UNIT		
8	NURSERY		
9	SUBTOTAL		
10	SUBPROVIDER		
10.01	SUB II - REHAB		
15	HOME HEALTH AGENCY		
17.01	RENAL DIALYSIS (IP)		
19	SUBTOTAL		

OUTPATIENT COST		TITLE XVIII	TITLE XIX
PART B			
21	EMERGENCY		
22	OBSERVATION BEDS (NON-DISTINCT PART)		
23	INFUSION		
23.01	COMMUNITY HEALTH CENTERS		
23.02	RASC		
23.50	RHC		
24	SUBTOTAL		
25	TOTAL		

## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2009 I  
 I 14-0186 I

## TITLE XVIII, PART A

## HOSPITAL

## PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		17,747,708	
26	INTENSIVE CARE UNIT		2,525,658	
27	CORONARY CARE UNIT		2,886,672	
31	SUBPROVIDER			
31	01 SUB II - REHAB			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.373078	29,212,159	10,898,414
38	RECOVERY ROOM	.280675	2,694,695	756,334
39	DELIVERY ROOM & LABOR ROOM	.665342	812	540
40	ANESTHESIOLOGY	.077649	6,880,281	534,247
41	RADIOLOGY-DIAGNOSTIC	.226888	5,433,989	1,232,907
41	01 NUCLEAR MEDICINE-DIAGNOSTIC	.158455	1,409,386	223,324
41	02 CARDIAC CATHETERIZATION LABORATORY	.180209	25,142,444	4,530,895
41	22 CT SCAN	.055087	9,855,830	542,928
41	23 ULTRASOUND	.135852	1,656,653	225,060
41	26 MRI	.077741	2,169,325	168,645
42	RADIOLOGY-THERAPEUTIC	.280250	74,395	20,849
44	LABORATORY	.165821	19,224,906	3,187,893
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
48	INTRAVENOUS THERAPY	.479195	3,448,122	1,652,323
49	RESPIRATORY THERAPY	.259873	5,834,762	1,516,297
50	PHYSICAL THERAPY	.485552	2,932,002	1,423,639
53	ELECTROCARDIOLOGY	.148184	3,814,465	565,243
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.218814	128,044	28,018
56	DRUGS CHARGED TO PATIENTS	.171061	20,259,430	3,465,598
58	01 RENAL DIALYSIS (IP)	.614960	471,570	289,997
59	CARDIAC REHAB	.926444	128,590	119,131
59	01 OP PSY/CDU	.349023	11,301	3,944
59	02 RIMMS	1.318960		
59	03 GENETIC/OAK PLAZA CLINICS			
59	04 PAIN CLINIC			
59	05 DIABETES	1.014704	507	514
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.185756	7,750,332	1,439,671
62	OBSERVATION BEDS (NON-DISTINCT PART)	.108378	118,658	12,860
63	INFUSION	.279951		
63	01 COMMUNITY HEALTH CENTERS	.716087	1,566	1,121
63	02 RASC	.203415		
63	50 RHC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		148,654,224	32,840,392
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		148,654,224	

## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2009 I  
 I - I I

## TITLE XVIII, PART A

## SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31 01	SUB II - REHAB			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.370657		
38	RECOVERY ROOM	.280675		
39	DELIVERY ROOM & LABOR ROOM	.665342		
40	ANESTHESIOLOGY	.077649		
41	RADIOLOGY-DIAGNOSTIC	.226888		
41 01	NUCLEAR MEDICINE-DIAGNOSTIC	.158455		
41 02	CARDIAC CATHETERIZATION LABORATORY	.180209		
41 22	CT SCAN	.055087		
41 23	ULTRASOUND	.135852		
41 26	MRI	.077741		
42	RADIOLOGY-THERAPEUTIC	.278268		
44	LABORATORY	.165821		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
48	INTRAVENOUS THERAPY	.479195		
49	RESPIRATORY THERAPY	.258980		
50	PHYSICAL THERAPY	.485552		
53	ELECTROCARDIOLOGY	.148184		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.218814		
56	DRUGS CHARGED TO PATIENTS	.171061		
58 01	RENAL DIALYSIS (IP)	.614960		
59	CARDIAC REHAB	.926444		
59 01	OP PSY/CDU	.349023		
59 02	RIMMS	1.318960		
59 03	GENETIC/OAK PLAZA CLINICS			
59 04	PAIN CLINIC			
59 05	DIABETES	1.014704		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.185756		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.108378		
63	INFUSION	.279951		
63 01	COMMUNITY HEALTH CENTERS	.716087		
63 02	RASC	.203415		
63 50	RHC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES			

## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2009 I  
 I 14-T186 I

## TITLE XVIII, PART A

## SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
27	INTENSIVE CARE UNIT			
31	CORONARY CARE UNIT			
31	SUBPROVIDER			
31 01	SUB II - REHAB		3,023,040	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.373078	40,613	15,152
38	RECOVERY ROOM	.280675	4,628	1,299
39	DELIVERY ROOM & LABOR ROOM	.665342		
40	ANESTHESIOLOGY	.077649	8,124	631
41	RADIOLOGY-DIAGNOSTIC	.226888	93,671	21,253
41 01	NUCLEAR MEDICINE-DIAGNOSTIC	.158455	1,081	171
41 02	CARDIAC CATHETERIZATION LABORATORY	.180209		
41 22	CT SCAN	.055087	116,249	6,404
41 23	ULTRASOUND	.135852	75,509	10,258
41 26	MRI	.077741	29,918	2,326
42	RADIOLOGY-THERAPEUTIC	.280250		
44	LABORATORY	.165821	430,358	71,362
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
48	INTRAVENOUS THERAPY	.479195	20,628	9,885
49	RESPIRATORY THERAPY	.259873	261,503	67,958
50	PHYSICAL THERAPY	.485552	3,387,516	1,644,815
53	ELECTROCARDIOLOGY	.148184	26,818	3,974
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.218814	4,095	896
56	DRUGS CHARGED TO PATIENTS	.171061	1,041,410	178,145
58 01	RENAL DIALYSIS (IP)	.614960	34,890	21,456
59	CARDIAC REHAB	.926444	714	661
59 01	OP PSY/CDU	.349023		
59 02	RIMMS	1.318960		
59 03	GENETIC/OAK PLAZA CLINICS			
59 04	PAIN CLINIC			
59 05	DIABETES	1.014704		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.185756		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.108378		
63	INEUSTON	.279951		
63 01	COMMUNITY HEALTH CENTERS	.716087		
63 02	RASC	.203415		
63 50	RHC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		5,577,725	2,056,646
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		5,577,725	

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED	5/28/2010
I 14-0186	I FROM 1/1/2009	I WORKSHEET E	
I COMPONENT NO:	I TO 12/31/2009	I PART A	
I 14-0186	I	I	

## PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

## HOSPITAL

## DESCRIPTION

1

1.01

## DRG AMOUNT

1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	43,914,460

## MANAGED CARE PATIENTS

1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)	
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.	
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.	
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97	
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	426,121
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	241.36

## INDIRECT MEDICAL EDUCATION ADJUSTMENT

3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I	
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	

FOR CR PERIODS ENDING ON OR  
AFTER 7/1/2005  
E-3 PT 6 LN 15 PLUS LN 3.06

3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.	
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1	
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09	
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10	
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.	
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)	
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	

SUM OF LINES PLUS E-3, PT  
3.21 - 3.23 VI, LINE 23

4 DISPROPORTIONATE SHARE ADJUSTMENT	
PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	5.20
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	26.92
4.02 SUM OF LINES 4 AND 4.01	32.12
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	15.74
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	6,912,136

5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	
TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317, OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)	5,383
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)	

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 5/28/2010
I 14-0186	I FROM 1/ 1/2009	I WORKSHEET E
I COMPONENT NO:	I TO 12/31/2009	I PART A
I 14-0186	I	I

## PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

## HOSPITAL

## DESCRIPTION

1

1.01

5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCC)	335.00
5.06	TOTAL ADDITIONAL PAYMENT	
6	SUBTOTAL (SEE INSTRUCTIONS)	51,252,717
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)	
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	51,252,717
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,942,224
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	
12	NET ORGAN ACQUISITION COST	
13	COST OF TEACHING PHYSICIANS	
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	263,144
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	97,611
16	TOTAL	55,555,696
17	PRIMARY PAYER PAYMENTS	42,194
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	55,513,502
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,018,248
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	85,173
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,010,804
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	707,563
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
22	SUBTOTAL	52,117,644
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24	OTHER ADJUSTMENTS (SPECIFY)	
24.98	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES	
24.99	OUTLIER RECONCILIATION ADJUSTMENT	
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26	AMOUNT DUE PROVIDER	52,117,644
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	51,354,131
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	763,513
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	
----- FI ONLY -----		
50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01	
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01	
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)	

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2010
I	14-0186	I	FROM 1/ 1/2009	I	WORKSHEET E	
I	COMPONENT NO:	I	TO 12/31/2009	I	PART B	
I	14-0186	I		I		

## PART B - MEDICAL AND OTHER HEALTH SERVICES

## HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	26,360,640
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	22,249,932
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.826
1.04	LINE 1.01 TIMES LINE 1.03.	21,773,889
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	48,761
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

## COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
7	ANCILLARY SERVICE CHARGES	
8	INTERNS AND RESIDENTS SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES	
10	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
13	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
15	RATIO OF LINE 11 TO LINE 12	
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
19	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	22,298,693

## COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	4,491,898
19	SUBTOTAL (SEE INSTRUCTIONS)	17,806,795
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	17,806,795
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	17,806,795
26	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
27	COMPOSITE RATE ESRD	
27.01	BAD DEBTS (SEE INSTRUCTIONS)	738,219
27.02	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	516,753
28	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
29	SUBTOTAL	18,323,548
30	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30.99	OTHER ADJUSTMENTS (SPECIFY)	
31	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
32	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
33	SUBTOTAL	18,323,548
34	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34.01	INTERIM PAYMENTS	18,692,680
35	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
36	BALANCE DUE PROVIDER/PROGRAM	-369,132
	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

## TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	



## CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2010
I	14-0186	I	FROM 1/ 1/2009	I	WORKSHEET E	
I	COMPONENT NO:	I	TO 12/31/2009	I	PART B	
I	-	I		I		

## PART B - MEDICAL AND OTHER HEALTH SERVICES

## SUBPROVIDER 1

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)

## COMPUTATION OF LESSER OF COST OR CHARGES

- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES
- CUSTOMARY CHARGES
- 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
- 13 RATIO OF LINE 11 TO LINE 12
- 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
- 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

## COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2
- TO BE COMPLETED BY CONTRACTOR
- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
- 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
- 54 TOTAL (SUM OF LINES 51 AND 53)

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
I 14-0186 I FROM 1/ 1/2009 I WORKSHEET E-1  
I COMPONENT NO: I TO 12/31/2009 I  
I 14-0186 I I

## TITLE XVIII

## HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		51,076,184		17,758,022
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02		427,209		484,546
ADJUSTMENTS TO PROVIDER .03		757,225		267,259
ADJUSTMENTS TO PROVIDER .04				182,853
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50		906,487		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		277,947		934,658
4 TOTAL INTERIM PAYMENTS		51,354,131		18,692,680
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)		763,513		369,132
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		52,117,644		18,323,548

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET E-1  
 I COMPONENT NO: I TO 12/31/2009 I  
 I - I I

TITLE XVIII

SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2010
I	14-0186	I	FROM 1/ 1/2009	I	WORKSHEET E-1
I	COMPONENT NO:	I	TO 12/31/2009	I	
I	14-T186	I		I	

## TITLE XVIII

## SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,925,869		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROGRAM		3,370		
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
SUBTOTAL		-3,370		NONE
4 TOTAL INTERIM PAYMENTS		4,922,499		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER				
TENTATIVE TO PROVIDER				
TENTATIVE TO PROVIDER				
TENTATIVE TO PROGRAM				
TENTATIVE TO PROGRAM				
TENTATIVE TO PROGRAM				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT		23,784		
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		4,946,283		

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2010
I	14-0186	I	FROM 1/ 1/2009	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2009	I	PART	I
I	-	I		I		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 1

- 1 INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)
  - 1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)
  - 1.02 ENTER FROM THE PS&R, THE IRF PPS PAYMENT
  - 1.03 MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)
  - 1.04 INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)
  - 1.05 OUTLIER PAYMENTS
  - 1.06 TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)
  - 1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)
- INPATIENT PSYCHIATRIC FACILITY (IPF)
  - 1.08 NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)
  - 1.09 NET IPF PPS OUTLIER PAYMENTS
  - 1.10 NET IPF PPS ECT PAYMENTS
  - 1.11 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)
  - 1.12 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)
  - 1.13 CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
  - 1.14 CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
  - 1.15 INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)
  - 1.16 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)
  - 1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR  $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$ .
  - 1.18 MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).
  - 1.19 ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)
  - 1.20 STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)
  - 1.21 ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)
  - 1.22 STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)
  - 1.23 TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)
- INPATIENT REHABILITATION FACILITY (IRF)
  - 1.35 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)
  - 1.36 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)
  - 1.37 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
  - 1.38 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
  - 1.39 INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)
  - 1.40 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)
  - 1.41 MEDICAL EDUCATION ADJUSTMENT FACTOR  $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$ .
  - 1.42 MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).
- 2 ORGAN ACQUISITION
- 3 COST OF TEACHING PHYSICIANS
- 4 SUBTOTAL (SEE INSTRUCTIONS)
- 5 PRIMARY PAYER PAYMENTS
- 6 SUBTOTAL
- 7 DEDUCTIBLES
- 8 SUBTOTAL
- 9 COINSURANCE
- 10 SUBTOTAL
- 11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)
  - 11.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
  - 11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
  - 12 SUBTOTAL
  - 13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
  - 13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)
  - 14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION
  - 15 OTHER ADJUSTMENTS (SPECIFY)
  - 15.99 OUTLIER RECONCILIATION ADJUSTMENT
  - 16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2010
I	14-0186	I	FROM 1/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2009	I	PART I
I	-	I		I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 1

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS

17 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)

18 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)

19 INTERIM PAYMENTS

19.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)

20 BALANCE DUE PROVIDER/PROGRAM

21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

----- FI ONLY -----

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)  
OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE  
OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 5/28/2010
I 14-0186	I FROM 1/ 1/2009	I WORKSHEET E-3
I COMPONENT NO:	I TO 12/31/2009	I PART I
I 14-T186	I	I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	4,798,390
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0211
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	175,031
1.05	OUTLIER PAYMENTS	6,006
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	4,979,427
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	12.942466
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	4,979,427
5	PRIMARY PAYER PAYMENTS	3,932
6	SUBTOTAL	4,975,495
7	DEDUCTIBLES	38,448
8	SUBTOTAL	4,937,047
9	COINSURANCE	5,874
10	SUBTOTAL	4,931,173
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	9,419
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	6,593
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	4,937,766
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	8,517
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	LIP PAYMENTS	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2010
I	14-0186	I	FROM 1/ 1/2009	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2009	I	PART	I
I	14-T186	I		I		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 2

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,946,283
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,922,499
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	23,784
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.



		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	58,744,669			
2	TEMPORARY INVESTMENTS	1,641,323			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	26,806,122			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	4,756,645			
8	PREPAID EXPENSES	3,489,387			
9	OTHER CURRENT ASSETS	2,287,619			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	97,725,765			
FIXED ASSETS					
12	LAND	10,645,016			
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	172,201,956			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	31,289,444			
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	146,571,213			
18.01	LESS ACCUMULATED DEPRECIATION	-214,194,037			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	146,513,592			
OTHER ASSETS					
22	INVESTMENTS	150,461,679			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	4,642,584			
26	TOTAL OTHER ASSETS	155,104,263			
27	TOTAL ASSETS	399,343,620			

## BALANCE SHEET

I  
I  
IPROVIDER NO:  
14-0186

I PERIOD:

I FROM 1/ 1/2009

I TO 12/31/2009

I PREPARED 5/28/2010

I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5,968,951			
29 SALARIES, WAGES & FEES PAYABLE	7,498,566			
30 PAYROLL TAXES PAYABLE	4,788,826			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	34,933,782			
36 TOTAL CURRENT LIABILITIES	53,190,125			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	139,849,794			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	75,439			
42 TOTAL LONG-TERM LIABILITIES	139,925,233			
43 TOTAL LIABILITIES	193,115,358			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	206,228,262			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	206,228,262			
52 TOTAL LIABILITIES AND FUND BALANCES	399,343,620			

## STATEMENT OF CHANGES IN FUND BALANCES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2010
I	14-0186	I	FROM 1/ 1/2009	I	WORKSHEET G-1
I		I	TO 12/31/2009	I	

	GENERAL FUND	SPECIFIC PURPOSE FUND		
	1	2	3	4
1	FUND BALANCE AT BEGINNING			
	OF PERIOD			
2	NET INCOME (LOSS)	27,896,784		
3	TOTAL	27,896,784		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
5				
6				
7				
8				
9				
10	TOTAL ADDITIONS			
11	SUBTOTAL	27,896,784		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
13				
14				
15				
16				
17				
18	TOTAL DEDUCTIONS			
19	FUND BALANCE AT END OF	27,896,784		
	PERIOD PER BALANCE SHEET			

	ENDOWMENT FUND	PLANT FUND		
	5	6	7	8
1	FUND BALANCE AT BEGINNING			
	OF PERIOD			
2	NET INCOME (LOSS)			
3	TOTAL			
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
5				
6				
7				
8				
9				
10	TOTAL ADDITIONS			
11	SUBTOTAL			
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
13				
14				
15				
16				
17				
18	TOTAL DEDUCTIONS			
19	FUND BALANCE AT END OF			
	PERIOD PER BALANCE SHEET			

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2010
I	14-0186	I	FROM 1/ 1/2009	I	WORKSHEET G-2	
I		I	TO 12/31/2009	I	PARTS I & II	

## PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	40,165,177		40,165,177
2 00 SUBPROVIDER			
2 01 SUB II - REHAB	3,776,800		3,776,800
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	43,941,977		43,941,977
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	4,052,774		4,052,774
11 00 CORONARY CARE UNIT	4,109,061		4,109,061
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	8,161,835		8,161,835
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	52,103,812		52,103,812
17 00 ANCILLARY SERVICES	261,011,377	359,612,816	620,624,193
18 00 OUTPATIENT SERVICES			
18 50 RHC		202,579	202,579
19 00 HOME HEALTH AGENCY		5,218,745	5,218,745
20 00 AMBULANCE SERVICES	260,322	3,743,095	4,003,417
24 00			
25 00 TOTAL PATIENT REVENUES	313,375,511	368,777,235	682,152,746

## PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		214,455,385
ADD (SPECIFY)		
27 00 ADD (SPECIFY)		
28 00 BAD DEBT - GENERAL		
29 00 MISCELLANEOUS	958,166	
30 00		
31 00		
32 00		
33 00 TOTAL ADDITIONS		958,166
DEDUCT (SPECIFY)		
34 00 DEDUCT (SPECIFY)		
35 00		
36 00		
37 00		
38 00		
39 00 TOTAL DEDUCTIONS		
40 00 TOTAL OPERATING EXPENSES		215,413,551

## STATEMENT OF REVENUES AND EXPENSES

I  
I  
IPROVIDER NO:  
14-0186

I PERIOD:

I FROM 1/ 1/2009

I TO 12/31/2009

I PREPARED 5/28/2010  
I WORKSHEET G-3

## DESCRIPTION

1	TOTAL PATIENT REVENUES	682,152,746
2	LESS: ALLOWANCES AND DISCOUNTS ON	466,276,968
3	NET PATIENT REVENUES	215,875,778
4	LESS: TOTAL OPERATING EXPENSES	215,413,551
5	NET INCOME FROM SERVICE TO PATIENT	462,227
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	4,460,157
24.01	PROVIDER ASSESSMENT	5,449,792
24.02	NON OPERATING INCOME	17,524,608
24.04		
24.05		
24.06		
24.07		
24.08		
24.09		
24.10		
24.12		
24.13		
24.14		
25	TOTAL OTHER INCOME	27,434,557
26	TOTAL	27,896,784
	OTHER EXPENSES	
27		
27.01		
27.02		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	27,896,784

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1 CAP-REL COST-BLDG & FIX						
2 CAP-REL COST-MOV EQUIP						
3 PLANT OPER & MAINT						
4 TRANSPORTATION						
5 ADMIN & GENERAL	984,090				86,209	1,070,299
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	1,012,641		61,897			1,074,538
7 PHYSICAL THERAPY	126,581		56,339			182,920
8 OCCUPATIONAL THERAPY	75,084		9,343			84,427
9 SPEECH PATHOLOGY	441		3,010			3,451
10 MEDICAL SOCIAL SERVICES	105,048		171			105,219
11 HOME HEALTH AIDE	169,380		8,609			177,989
12 SUPPLIES						
13 DRUGS						
13.20 COST ADMINISTERING DRUGS						
14 DME						
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SVCS						
16 RESPIRATORY THERAPY						
17 PRIVATE DUTY NURSING						
18 CLINIC						
19 HEALTH PROM ACTIVITIES						
20 DAY CARE PROGRAM						
21 HOME DEL MEALS PROGRAM						
22 HOMEMAKER SERVICE						
23 ALL OTHER						
23.50 TELEMEDICINE						
24 TOTAL (SUM OF LINES 1-23)	2,473,265		139,369		86,209	2,698,843

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1 CAP-REL COST-BLDG & FIX				
2 CAP-REL COST-MOV EQUIP				
3 PLANT OPER & MAINT				
4 TRANSPORTATION				
5 ADMIN & GENERAL	4,230	1,074,529		1,074,529
HHA REIMBURSABLE SERVICES				
6 SKILLED NURSING CARE	4,353	1,078,891		1,078,891
7 PHYSICAL THERAPY	544	183,464		183,464
8 OCCUPATIONAL THERAPY	323	84,750		84,750
9 SPEECH PATHOLOGY	2	3,453		3,453
10 MEDICAL SOCIAL SERVICES	452	105,671		105,671
11 HOME HEALTH AIDE	728	178,717		178,717
12 SUPPLIES				
13 DRUGS				
13.20 COST ADMINISTERING DRUGS				
14 DME				
HHA NONREIMBURSABLE SERVICES				
15 HOME DIALYSIS AIDE SVCS				
16 RESPIRATORY THERAPY				
17 PRIVATE DUTY NURSING				
18 CLINIC				
19 HEALTH PROM ACTIVITIES				
20 DAY CARE PROGRAM				
21 HOME DEL MEALS PROGRAM				
22 HOMEMAKER SERVICE				
23 ALL OTHER				
23.50 TELEMEDICINE				
24 TOTAL (SUM OF LINES 1-23)	10,632	2,709,475		2,709,475

PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
14-0186 I FROM 1/ 1/2009 I WORKSHEET H-4  
HHA NO: I TO 12/31/2009 I PART I  
14-7400 I I

HHA 1

	NET EXPENSES FOR COST ALLOCATION 0	CAP-REL COST-BLDG & FIX 1	CAP-REL COST-MOV EQUIP 2	PLANT OPER & MAINT 3	TRANSPORTATIO N 4	SUBTOTAL 4A	ADMINISTRATIV E & GENERAL 5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5	ADMINISTRATIVE & GENERAL	1,074,529				1,074,529	1,074,529
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	1,078,891				1,078,891	709,076
7	PHYSICAL THERAPY	183,464				183,464	120,577
8	OCCUPATIONAL THERAPY	84,750				84,750	55,700
9	SPEECH PATHOLOGY	3,453				3,453	2,269
10	MEDICAL SOCIAL SERVICES	105,671				105,671	69,450
11	HOME HEALTH AIDE	178,717				178,717	117,457
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	2,709,475				2,709,475	

TOTAL

6

GENERAL SERVICE COST CENTERS		
1	CAP-REL COST-BLDG & FIX	
2	CAP-REL COST-MOV EQUIP	
3	PLANT OPER & MAINT	
4	TRANSPORTATION	
5	ADMINISTRATIVE & GENERAL	
HHA REIMBURSABLE SERVICES		
6	SKILLED NURSING CARE	1,787,967
7	PHYSICAL THERAPY	304,041
8	OCCUPATIONAL THERAPY	140,450
9	SPEECH PATHOLOGY	5,722
10	MEDICAL SOCIAL SERVICES	175,121
11	HOME HEALTH AIDE	296,174
12	SUPPLIES	
13	DRUGS	
13.20	COST ADMINISTERING DRUGS	
14	DME	
HHA NONREIMBURSABLE SERVICES		
15	HOME DIALYSIS AIDE SVCS	
16	RESPIRATORY THERAPY	
17	PRIVATE DUTY NURSING	
18	CLINIC	
19	HEALTH PROM ACTIVITIES	
20	DAY CARE PROGRAM	
21	HOME DEL MEALS PROGRAM	
22	HOMEMAKER SERVICE	
23	ALL OTHERS	
23.50	TELEMEDICINE	
24	TOTAL (SUM OF LINES 1-23)	2,709,475

I PROVIDER NO:	I PERIOD:	I PREPARED	5/28/2010
I 14-0186	I FROM 1/ 1/2009	I WORKSHEET	H-4
I HHA NO:	I TO 12/31/2009	I PART II	
I 14-7400	I	I	

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MILEAGE (	RECONCILIATIO N	ADMINISTRATIV E & GENERAL ( ACCUM. COST )
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1 CAP-REL COST-BLDG & FIX						
2 CAP-REL COST-MOV EQUIP						
3 PLANT OPER & MAINT						
4 TRANSPORTATION						
5 ADMINISTRATIVE & GENERAL					-1,074,529	1,634,946
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE						1,078,891
7 PHYSICAL THERAPY						183,464
8 OCCUPATIONAL THERAPY						84,750
9 SPEECH PATHOLOGY						3,453
10 MEDICAL SOCIAL SERVICES						105,671
11 HOME HEALTH AIDE						178,717
12 SUPPLIES						
13 DRUGS						
13.20 COST ADMINISTERING DRUGS						
14 DME						
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SVCS						
16 RESPIRATORY THERAPY						
17 PRIVATE DUTY NURSING						
18 CLINIC						
19 HEALTH PROM ACTIVITIES						
20 DAY CARE PROGRAM						
21 HOME DEL MEALS PROGRAM						
22 HOMEMAKER SERVICE						
23 ALL OTHERS						
23.50 TELEMEDICINE						
24 TOTAL (SUM OF LINES 1-23)					-1,074,529	1,634,946
25 COST TO BE ALLOCATED						1,074,529
26 UNIT COST MULTIPLIER						.657226



HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5
1 ADMIN & GENERAL		13,581		25,560	54,251	737,128
2 SKILLED NURSING CARE	1,787,967					
3 PHYSICAL THERAPY	304,041					
4 OCCUPATIONAL THERAPY	140,450					
5 SPEECH PATHOLOGY	5,722					
6 MEDICAL SOCIAL SERVICES	175,121					
7 HOME HEALTH AIDE	296,174					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	2,709,475	13,581		25,560	54,251	737,128
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	COMMUNICATIO NS 6.01	DATA PROCESS ING 6.02	PURCHASING 6.03	BUSINESS OFF ICE 6.05	SUBTOTAL 6A.05	ADMIN & GENE RAL 6.06
1 ADMIN & GENERAL	15,872	469,289	1,529		1,317,210	245,030
2 SKILLED NURSING CARE					1,787,967	332,602
3 PHYSICAL THERAPY					304,041	56,558
4 OCCUPATIONAL THERAPY					140,450	26,127
5 SPEECH PATHOLOGY					5,722	1,064
6 MEDICAL SOCIAL SERVICES					175,121	32,576
7 HOME HEALTH AIDE					296,174	55,095
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	15,872	469,289	1,529		4,026,685	749,052
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	29,199	42,273		38,790		
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	29,199	42,273		38,790		
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15	PHARMACY 16	MEDICAL RECO RDS & LIBRAR 17	SOCIAL SERVI CE 18	I&R SERVICES -SALARY & FR 22
1 ADMIN & GENERAL			1,018			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			1,018			
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	PARAMED ED P RGM-(SPECIFY 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		1,673,520		1,673,520		
2 SKILLED NURSING CARE		2,120,569		2,120,569	1,104,347	3,224,916
3 PHYSICAL THERAPY		360,599		360,599	187,792	548,391
4 OCCUPATIONAL THERAPY		166,577		166,577	86,750	253,327
5 SPEECH PATHOLOGY		6,786		6,786	3,534	10,320
6 MEDICAL SOCIAL SERVICES		207,697		207,697	108,164	315,861
7 HOME HEALTH AIDE		351,269		351,269	182,933	534,202
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		4,887,017		4,887,017	1,673,520	4,887,017
21 UNIT COST MULTIPLIER					0.520778	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Health Financial Systems MARKP32  
 ALLOCATION OF GENERAL SERVICE  
 COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

FOR RIVERSIDE MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)  
 I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET H-5  
 I HHA NO: I TO 12/31/2009 I PART II  
 I 14-7400 I

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE	NEW CAP REL COSTS-BLDG & (SQUARE FEET	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE	EMPLOYEE BEN EFITS (ACTUAL ENEFFITS	COMMUNICATIO NS B (PHONES
	1	2	3	4	5	6.01
1 ADMIN & GENERAL	2,848		2,848	57,285	702,641	19
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	2,848		2,848	57,285	702,641	19
21 COST TO BE ALLOCATED	13,581		25,560	54,251	737,128	15,872
22 UNIT COST MULTIPLIER	4.768610		8.974719	0.947037	1.049082	835.368421

HHA COST CENTER	DATA PROCESS ING (DEVICES	PURCHASING (REQS	BUSINESS OFF ICE (CHARGES	RECONCILIATI ON	ADMIN & GENE RAL ( ACCUM. COST	MAINTENANCE & REPAIRS (WORK ORDER
	6.02	6.03	6.05	6A.06	6.06	7
1 ADMIN & GENERAL	35	23,914			1,317,210	13
2 SKILLED NURSING CARE					1,787,967	
3 PHYSICAL THERAPY					304,041	
4 OCCUPATIONAL THERAPY					140,450	
5 SPEECH PATHOLOGY					5,722	
6 MEDICAL SOCIAL SERVICES					175,121	
7 HOME HEALTH AIDE					296,174	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	35	23,914			4,026,685	13
21 COST TO BE ALLOCATED	469,289	1,529			749,052	29,199
22 UNIT COST MULTIPLIER	3408.257143	0.063937			0.186022	2246.076923

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
 I 14-0186 I FROM 1/ 1/2009 I WORKSHEET H-5  
 I HHA NO: I TO 12/31/2009 I PART II  
 I 14-7400 I

HHA 1

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET	LAUNDRY & LI NEN SERVICE (POUNDS OF ) LAUNDRY	HOUSEKEEPING (SQUARE FEET	DIETARY (MEALS ) SERVED	CAFETERIA (FTES )	NURSING ADMI NISTRATION (DIRECT ) NRSGING HRS
	8	9	10	11	12	14
1 ADMIN & GENERAL	2,848		2,848			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	2,848		2,848			
21 COST TO BE ALLOCATED	42,273		38,790			
22 UNIT COST MULTIPLIER	14.843048		13.620084			

HHA COST CENTER	CENTRAL SERV ICES & SUPPL (COSTED REQUIS.	PHARMACY (COSTED ) REQUIS.	MEDICAL RECO RDS & LIBRAR (GROSS ) CHARGES	SOCIAL SERVI CE (TIME ) SPENT	I&R SERVICES -SALARY & FR (ASSIGNED ) TIME	PARAMED ED P RGM-(SPECIFY (ASSIGNED ) TIME
	15	16	17	18	22	24
1 ADMIN & GENERAL		4,532				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		4,532				
21 COST TO BE ALLOCATED		1,018				
22 UNIT COST MULTIPLIER		0.224625				

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
I 14-0186 I FROM 1/ 1/2009 I WORKSHEET H-6  
I HHA NO: I TO 12/31/2009 I PARTS I II & III  
I 14-7400 I HHA 1

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION		FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
PATIENT SERVICES								PART A
1	SKILLED NURSING	2	3,224,916	2	3,224,916	10,468	308.07	7,966
2	PHYSICAL THERAPY	3	548,391		548,391	9,528	57.56	7,583
3	OCCUPATIONAL THERAPY	4	253,327		253,327	1,580	160.33	1,322
4	SPEECH PATHOLOGY	5	10,320		10,320	509	20.28	325
5	MEDICAL SOCIAL SERVICES	6	315,861		315,861	29	10,891.76	23
6	HOME HEALTH AIDE SERVICE	7	534,202		534,202	1,456	366.90	1,297
7	TOTAL		4,887,017		4,887,017	23,570		18,516

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----		
		-----PART B-----		-----PART B-----		
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	PART A 9	10	11
1	SKILLED NURSING			2,454,086		2,454,086
2	PHYSICAL THERAPY			436,477		436,477
3	OCCUPATIONAL THERAPY			211,956		211,956
4	SPEECH PATHOLOGY			6,591		6,591
5	MEDICAL SOCIAL SERVICES			250,510		250,510
6	HOME HEALTH AIDE SERVICES			475,869		475,869
7	TOTAL			3,835,489		3,835,489

LIMITATION COST COMPUTATION

PATIENT SERVICES						PROGRAM COST LIMITS	PROGRAM VISITS
		1	2	3	4	5	PART A 6
8	SKILLED NURSING	3760					
9	PHYSICAL THERAPY	3760					
10	OCCUPATIONAL THERAPY	3760					
11	SPEECH PATHOLOGY	3760					
12	MEDICAL SOCIAL SERVICES	3760					
13	HOME HEALTH AIDE SERVICE	3760					
14	TOTAL						

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----		
		-----PART B-----		-----PART B-----		
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	PART A 9	10	11
8	SKILLED NURSING					12
9	PHYSICAL THERAPY					
10	OCCUPATIONAL THERAPY					
11	SPEECH PATHOLOGY					
12	MEDICAL SOCIAL SERVICES					
13	HOME HEALTH AIDE SERVICE					
14	TOTAL					

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00						
16 COST OF DRUGS	9.00				28,446		28,446
16.20 COST OF DRUGS	9.20						

PROGRAM COVERED CHARGES		COST OF SERVICES	
PART B		PART B	
NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES			
16 COST OF DRUGS			
16.20 COST OF DRUGS			

PER BENEFICIARY COST  
LIMITATION:

	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WKST S-4	3760	
17 PER BENE COST LIMITATION (FRM FI)	3760	
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.485552			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.218814			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.171061			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

FROM PART I, COL 5 1		COST PER VISIT 2		PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM VISITS		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999 5
						PRIOR 1/1/1998 2.01	1/1/1998 TO 12/31/1998 3	PRIOR 1/1/1998 3.01	1/1/1998 TO 12/31/1998 4	
1 PHYSICAL THERAPY	2		57.56							
2 OCCUPATIONAL THERAPY	3		160.33							
3 SPEECH PATHOLOGY	4		20.28							
4 TOTAL (SUM OF LINES 1-3)										

CALCULATION OF HHA REIMBURSEMENT  
SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 5/28/2010
I 14-0186	I FROM 1/ 1/2009	I WORKSHEET H-7
I HHA NO:	I TO 12/31/2009	I PARTS I & II
I 14-7400	I	I

## TITLE XVIII

## HHA 1

## PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

## PART A

PART B  
NOT SUBJECT TO  
DED & COINS  
2PART B  
SUBJECT TO  
DED & COINS  
3

1

1	REASONABLE COST OF SERVICES	
2	TOTAL CHARGES	4,118,201
	CUSTOMARY CHARGES	
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR	
	PAYMENT FOR SERVICES ON A CHARGE BASIS	
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS	
	LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE	
	BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE	
	WITH 42 CFR 413.13(B)	
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)	
6	TOTAL CUSTOMARY CHARGES	4,118,201
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL	4,118,201
	REASONABLE COST	
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
9	PRIMARY PAYOR AMOUNTS	

## PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A  
SERVICES  
1PART B  
SERVICES  
2

10	TOTAL REASONABLE COST	
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT	4,059,410
	OUTLIERS	
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH	
	OUTLIERS	
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE	
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES	
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH	
	OUTLIERS	
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES	
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP	
	EPISODE	
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES	
10.11	TOTAL OTHER PAYMENTS	
10.12	DME PAYMENTS	
10.13	OXYGEN PAYMENTS	
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS	
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS	
	(EXCLUDE COINSURANCE)	
12	SUBTOTAL	4,059,410
13	EXCESS REASONABLE COST	
14	SUBTOTAL	4,059,410
15	COINSURANCE BILLED TO PROGRAM PATIENTS	
16	NET COST	4,059,410
17	REIMBURSABLE BAD DEBTS	
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE	
	BENEFICIARIES (SEE INSTRUCTIONS)	
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	4,059,410
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	
	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM	
	AGENCIES' TERMINATION OR DECREASE IN MEDICARE	
	UTILIZATION	
21	OTHER ADJUSTMENTS (SPECIFY)	
22	SUBTOTAL	4,059,410
23	SEQUESTRATION ADJUSTMENT	
24	SUBTOTAL	4,059,410
25	INTERIM PAYMENTS	4,059,410
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE	
	ONLY)	
26	BALANCE DUE PROVIDER/PROGRAM	
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
	IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2	



ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO  
PROGRAM BENEFICIARIES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	14-0186	I	FROM 1/ 1/2009	I	5/28/2010
I	HHA NO:	I	TO 12/31/2009	I	WORKSHEET H-8
I	14-7400	I		I	

## TITLE XVIII

## HHA I

## DESCRIPTION

MM/DD/YYYY	PART A	MM/DD/YYYY	PART B
1	AMOUNT 2	3	AMOUNT 4

- 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER  
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS,  
EITHER SUBMITTED OR TO BE SUBMITTED TO THE  
INTERMEDIARY, FOR SERVICES RENDERED IN THE COST  
REPORTING PERIOD. IF NONE, WRITE "NONE" OR  
ENTER A ZERO.  
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT  
AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM  
RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE  
OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A  
ZERO. (1)

ADJUSTMENTS TO PROVIDER	.01
ADJUSTMENTS TO PROVIDER	.02
ADJUSTMENTS TO PROVIDER	.03
ADJUSTMENTS TO PROVIDER	.04
ADJUSTMENTS TO PROVIDER	.05
ADJUSTMENTS TO PROGRAM	.50
ADJUSTMENTS TO PROGRAM	.51
ADJUSTMENTS TO PROGRAM	.52
ADJUSTMENTS TO PROGRAM	.53
ADJUSTMENTS TO PROGRAM	.54
SUBTOTAL	.99

4 TOTAL INTERIM PAYMENTS

NONE	NONE
4,059,410	

TO BE COMPLETED BY INTERMEDIARY

- 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT  
AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.  
IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

TENTATIVE TO PROVIDER	.01
TENTATIVE TO PROVIDER	.02
TENTATIVE TO PROVIDER	.03
TENTATIVE TO PROGRAM	.50
TENTATIVE TO PROGRAM	.51
TENTATIVE TO PROGRAM	.52

SUBTOTAL .99

- 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE)  
BASED ON COST REPORT (1)

SETTLEMENT TO PROVIDER	.01
SETTLEMENT TO PROGRAM	.02

- 7 TOTAL MEDICARE PROGRAM LIABILITY

4,059,410

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

## CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2010
I	14-0186	I	FROM 1/ 1/2009	I	WORKSHEET L	
I	COMPONENT NO:	I	TO 12/31/2009	I	PARTS I-IV	
I	14-0186	I		I		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

## PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
2	CAPITAL FEDERAL AMOUNT	
3	CAPITAL DRG OTHER THAN OUTLIER	3,624,935
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3	.01 CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	73,693
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	153.75
	IN THE COST REPORTING PERIOD	
4	.01 NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4	.02 INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4	.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	5.20
	MEDICARE PART A PATIENT DAYS	
5	.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	26.92
	DAYS REPORTED ON S-3, PART I	
5	.02 SUM OF 5 AND 5.01	32.12
5	.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	6.72
5	.04 DISPROPORTIONATE SHARE ADJUSTMENT	243,596
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,942,224
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	<del>TOTAL INPATIENT PROGRAM CAPITAL COST</del>	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/  
FEDERALLY QUALIFIED HEALTH CENTER COSTS

I PROVIDER NO:	I PERIOD:	I PREPARED 5/28/2010
I 14-0186	I FROM 1/ 1/2009	I WORKSHEET M-1
I COMPONENT NO:	I TO 12/31/2009	
I 14-3976	I	

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
1 FACILITY HEALTH CARE STAFF COSTS				
2 PHYSICIAN	30,450		30,450	
3 PHYSICIAN ASSISTANT				
4 NURSE PRACTITIONER	114,336		114,336	
5 VISITING NURSE				
6 OTHER NURSE				
7 CLINICAL PSYCHOLOGIST				
8 CLINICAL SOCIAL WORKER				
9 LABORATORY TECHNICIAN				
10 OTHER FACILITY HEALTH CARE STAFF COSTS	54,711		54,711	3,763
11 SUBTOTAL (SUM OF LINES 1-9)	199,497		199,497	3,763
12 COSTS UNDER AGREEMENT				
13 PHYSICIAN SERVICES UNDER AGREEMENT				
14 PHYSICIAN SUPERVISION UNDER AGREEMENT				
15 OTHER COSTS UNDER AGREEMENT				
16 SUBTOTAL (SUM OF LINES 11-13)				
17 OTHER HEALTH CARE COSTS				
18 MEDICAL SUPPLIES				
19 TRANSPORTATION (HEALTH CARE STAFF)				
20 DEPRECIATION-MEDICAL EQUIPMENT				
21 PROFESSIONAL LIABILITY INSURANCE				
22 OTHER HEALTH CARE COSTS		57,167	57,167	-20,576
23 ALLOWABLE GME COSTS				
24 SUBTOTAL (SUM OF LINES 15-20)		57,167	57,167	-20,576
25 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	199,497	57,167	256,664	-16,813
26 COSTS OTHER THAN RHC/FQHC SERVICES				
27 PHARMACY				
28 DENTAL				
29 OPTOMETRY				
30 ALL OTHER NONREIMBURSABLE COSTS				
31 NONALLOWABLE GME COSTS		8,609	8,609	
32 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)		8,609	8,609	
33 FACILITY OVERHEAD				
34 FACILITY COSTS				
35 ADMINISTRATIVE COSTS				
36 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)				
37 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	199,497	65,776	265,273	-16,813

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/  
FEDERALLY QUALIFIED HEALTH CENTER COSTS

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
1 FACILITY HEALTH CARE STAFF COSTS			
2 PHYSICIAN	30,450		30,450
3 PHYSICIAN ASSISTANT			
4 NURSE PRACTITIONER	114,336		114,336
5 VISITING NURSE			
6 OTHER NURSE			
7 CLINICAL PSYCHOLOGIST			
8 CLINICAL SOCIAL WORKER			
9 LABORATORY TECHNICIAN			
10 OTHER FACILITY HEALTH CARE STAFF COSTS	58,474		58,474
11 SUBTOTAL (SUM OF LINES 1-9)	203,260		203,260
12 COSTS UNDER AGREEMENT			
13 PHYSICIAN SERVICES UNDER AGREEMENT			
14 PHYSICIAN SUPERVISION UNDER AGREEMENT			
15 OTHER COSTS UNDER AGREEMENT			
16 SUBTOTAL (SUM OF LINES 11-13)			
17 OTHER HEALTH CARE COSTS			
18 MEDICAL SUPPLIES			
19 TRANSPORTATION (HEALTH CARE STAFF)			
20 DEPRECIATION-MEDICAL EQUIPMENT			
21 PROFESSIONAL LIABILITY INSURANCE			
22 OTHER HEALTH CARE COSTS	36,591		36,591
23 ALLOWABLE GME COSTS			
24 SUBTOTAL (SUM OF LINES 15-20)	36,591		36,591
25 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	239,851		239,851
26 COSTS OTHER THAN RHC/FQHC SERVICES			
27 PHARMACY			
28 DENTAL			
29 OPTOMETRY			
30 ALL OTHER NONREIMBURSABLE COSTS			
31 NONALLOWABLE GME COSTS	8,609	-8,609	
32 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)	8,609	-8,609	
33 FACILITY OVERHEAD			
34 FACILITY COSTS			
35 ADMINISTRATIVE COSTS			
36 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)			
37 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	248,460	-8,609	239,851

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

IN LIEU OF FORM CMS-2552-96 M-2 (9/2000)  
I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
I 14-0186 I FROM 1/ 1/2009 I WORKSHEET M-2  
I COMPONENT NO: I TO 12/31/2009 I  
I 14-3976 I I

VISITS AND PRODUCTIVITY

RHC 1

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
1 POSITIONS				
2 PHYSICIANS	.15	232	4,200	630
3 PHYSICIAN ASSISTANTS			2,100	
4 NURSE PRACTITIONERS	1.30	2,015	2,100	2,730
5 SUBTOTAL (SUM OF LINES 1-3)	1.45	2,247		3,360
6 VISITING NURSE				
7 CLINICAL PSYCHOLOGIST				
8 CLINICAL SOCIAL WORKER				
9 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.45	2,247		
PHYSICIAN SERVICES UNDER AGREEMENTS				
10 DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
11 TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	239,851			
12 TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
13 COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	239,851			
14 RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000			
15 TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)				
16 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	322,265			
17 TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	322,265			
18 ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
19 SUBTRACT LINE 17 FROM LINE 16	322,265			
20 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	322,265			
TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	562,116			

GREATER OF  
COL. 2 OR  
COL. 4  
5

1 POSITIONS	
2 PHYSICIANS	
3 PHYSICIAN ASSISTANTS	
4 NURSE PRACTITIONERS	
5 SUBTOTAL (SUM OF LINES 1-3)	3,360
6 VISITING NURSE	
7 CLINICAL PSYCHOLOGIST	
8 CLINICAL SOCIAL WORKER	
9 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	3,360
PHYSICIAN SERVICES UNDER AGREEMENTS	

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

CALCULATION OF REIMBURSEMENT SETTLEMENT  
FOR RHC/FQHC SERVICES

IN LIEU OF FORM CMS-2552-96 M-3 (05/2004)  
I PROVIDER NO: I PERIOD: I PREPARED 5/28/2010  
I 14-0186 I FROM 1/ 1/2009 I WORKSHEET M-3  
I COMPONENT NO: I TO 12/31/2009 I  
I 14-3976 I

TITLE XVIII

RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	562,116
	(FROM WORKSHEET M-2, LINE 20)	
2	COST OF VACCINES AND THEIR ADMINISTRATION	
	(FROM WORKSHEET M-4, LINE 15)	
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	562,116
	(LINE 1 MINUS LINE 2)	
4	TOTAL VISITS	3,360
	(FROM WORKSHEET M-2, COLUMN 5, LINE 8)	
5	PHYSICIANS VISITS UNDER AGREEMENT	
	(FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	3,360
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	167.30

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	74.29
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	74.29
10	CALCULATION OF SETTLEMENT	
	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	244
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	18,127
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)	
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)	
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*	18,127
16.01	PRIMARY PAYER AMOUNT	2,985
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	15,142
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	12,114
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	12,114
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
23	OTHER ADJUSTMENTS (SPECIFY)	
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)	12,114
25	INTERIM PAYMENTS	12,611
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	-497
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, CHAPTER I, SECTION 115.2	

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDER YEAR PROVIDERS USE COLUMN 2 ONLY.

\* FOR LINE 15, USE COLUMN 2 ONLY FOR GRADUATE MEDICAL EDUCATION PASS THROUGH COST.

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR  
SERVICES RENDERED TO PROGRAM BENEFICIARIES  
[X] RHC    [ ] FQHC

I PROVIDER NO:    I PERIOD:    I PREPARED 5/28/2010  
I 14-0186    I FROM 1/ 1/2009    I WORKSHEET M-5  
I COMPONENT NO:    I TO 12/31/2009    I  
I 14-3976    I    I

RHC 1

DESCRIPTION		PART	B
		MM/DD/YYYY	AMOUNT
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
	ADJUSTMENTS TO PROVIDER		.01
	ADJUSTMENTS TO PROVIDER		.02
	ADJUSTMENTS TO PROVIDER		.03
	ADJUSTMENTS TO PROVIDER		.04
	ADJUSTMENTS TO PROVIDER		.05
	ADJUSTMENTS TO PROGRAM		.50
	ADJUSTMENTS TO PROGRAM		.51
	ADJUSTMENTS TO PROGRAM		.52
	ADJUSTMENTS TO PROGRAM		.53
	ADJUSTMENTS TO PROGRAM		.54
	SUBTOTAL		.99
4	TOTAL INTERIM PAYMENTS		NONE
			12,611
	TO BE COMPLETED BY INTERMEDIARY		
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
	TENTATIVE TO PROVIDER		.01
	TENTATIVE TO PROVIDER		.02
	TENTATIVE TO PROVIDER		.03
	TENTATIVE TO PROGRAM		.50
	TENTATIVE TO PROGRAM		.51
	TENTATIVE TO PROGRAM		.52
	SUBTOTAL		.99
6	DETERMINED NET SETTLEMENT		NONE
	AMOUNT (BALANCE DUE)		497
	BASED ON COST REPORT (1)		
7	TOTAL MEDICARE PROGRAM LIABILITY		12,114

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.